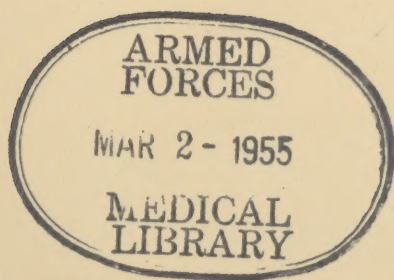


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GENERAL HEADQUARTERS  
SUPREME COMMANDER for the ALLIED POWERS  
PUBLIC HEALTH and WELFARE SECTION



*Public Health and Welfare*  
*in*  
*Japan*

Annual Summary — 1949  
Volume I

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-- Foreward --

The Public Health and Welfare Section, General Headquarters, Supreme Commander for the Allied Powers, published a summary, in three parts, of the problems, activities and future programs of the Section in furthering the health and welfare objectives of the occupational mission, covering the period from the beginning of the Occupation in 1945 through December 1948. Part I contained a narrative resume of the various public health and welfare programs, while Parts II and III contained statistical charts and tables as well as statistical data of historical interest.

This summary is published in two volumes covering the calendar year of 1949. Volume I contains a summary of those programs which were discussed in the previous publication, plus additional significant information which was not previously available. Volume II is an Annex devoted to current detailed information on health and welfare statistics, plus further historical data resulting from surveys conducted during the Occupation and completed in 1949.



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# Public Health and Welfare in Japan-1949

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## Chapter I

### ORGANIZATIONAL CHANGES

#### The Public Health and Welfare Section

During 1949 the basic organization of the Public Health and Welfare Section remained intact although there was some consolidation of activities in accordance with SCAP policy. The Epidemiology and Port Quarantine Branches of the Preventive Medicine Division were abolished and the residual functions of these programs were incorporated into the functions of the Assistant Division Chief. The two Branches, Nursing Education and Nursing Consultant, in the Nursing Affairs Division were abolished and in place thereof a new Nursing Education and Service Branch was established. In order to more fully coordinate the welfare programs, the Welfare Administration Branch was renamed the Administrative and Public Assistance Branch.

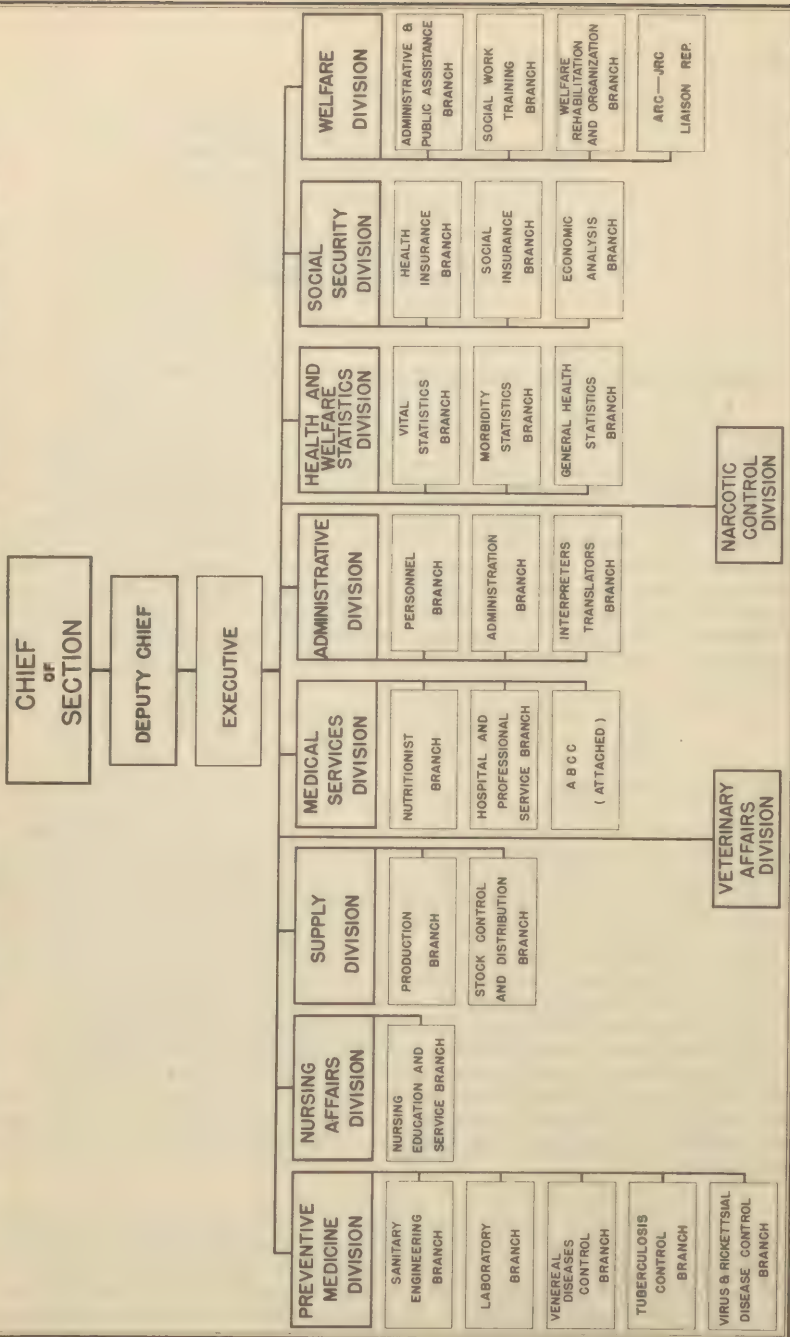
The mission remained unchanged during 1949. (Ref. Chart 1)

#### Ministry of Welfare

Changes in the organization of the Ministry of Welfare were effected which permitted a greater degree of efficiency and coordination within the Ministry. The major change that took place was the abolishing of the Disease Prevention Bureau which resulted in the Health Center Section, Disease Prevention Section, Acute Infectious Disease Prevention Section, Quarantine Section and the Laboratory Section being incorporated into the Public Sanitation Bureau. The National Park Department was made a division within the office of the Minister's Secretariat, and the Health Statistics Department was likewise transferred to the office of the Minister's Secretariat and changed to the Statistics and Investigation Division. In addition, the Environmental Sanitation Section of the Public Sanitation Bureau was raised to division status and included sections for Environmental Sanitation, Water Works and Sewage, Food Sanitation and Veterinary Sanitation.

Other changes, minor in nature, included the re-naming of the Public Welfare Section in the Social Affairs Bureau to the Life Improvement Section, and the re-naming of the Foster Care Section in the Children's Bureau to the Child Protection Section. In the Pharmaceutical and Supply Bureau, an Enterprise Section was established to

# PUBLIC HEALTH AND WELFARE SECTION



carry on economic functions of the Material Section which was abolished. Other functions of the latter were transferred to the Pharmaceutical Affairs Section which in turn transferred its former economic functions to the new Enterprise Section. The present organization is shown on Chart 2.

# MINISTRY OF WELFARE

## MINISTER OF WELFARE



Chart 2



## Chapter 2

### PREVENTIVE MEDICINE

#### The Health Centers

Progress in the program for the expansion and improvement of health center activities during 1949 has been considerable although it has been limited to some extent by a shortage of funds.

#### Training of Health Center Personnel

Two types of training for health center personnel was in progress during 1949. The first, refresher training for key personnel employed in the health centers, is covered elsewhere in this chapter under the heading "The Institute of Public Health."

The second, in-service training for health center personnel, was carried out locally by the model health centers under the supervision of the prefectures and cities. This was a continuation of the in-service training program inaugurated in 1948 following the establishment of a model health center in each prefecture. After a model health center had been established and all personnel of the health center had become familiar with their duties and responsibilities, in-service training courses were organized and held in the model health center in order to instruct the personnel of the other health centers within the prefecture. These courses, although brief in duration, have done much to improve the services rendered by the health centers throughout Japan.

#### Health Center Facilities

At the end of March 1948 (end of Japanese fiscal year) there were a total of 675 active health centers and 14 additional health centers were newly established during 1949, bringing the total to 689. Of this number 466 facilities were government owned (prefecture or city)

FOOTNOTE: (Ref. Charts 3 and 4) The 1949 budget provides for 2620 sanitary teams and 8878 assistant environmental sanitary inspectors, or one six-man sanitary team for each 13,000 of the population in cities and towns having a population of 13,000 or over and one assistant environmental sanitary inspector for each village having a population of more than 2,000 and less than 13,000. The sanitary teams operate full strength for six months (April thru September) and are reduced to two members for the balance of the year. The assistant environmental sanitary inspectors operate throughout the year.

# TABLE OF ORGANIZATION CLASS A HEALTH CENTER

| ORGANIZATION            |                                 | PERSONNEL  |          |                   |                      |          |               |             |             |               |                   |                            |
|-------------------------|---------------------------------|------------|----------|-------------------|----------------------|----------|---------------|-------------|-------------|---------------|-------------------|----------------------------|
|                         |                                 | PHYSICIANS | DENTISTS | DENTAL HYGIENISTS | PUBLIC HEALTH NURSES | MIDWIVES | VETERINARIANS | SANITARIANS | PHARMACISTS | NUTRITIONISTS | X RAY TECHNICIANS | NON PROFESSIONAL EMPLOYEES |
| DIRECTOR<br>(PHYSICIAN) | GENERAL AFFAIRS                 | 1          |          |                   |                      |          |               |             |             |               |                   | 5                          |
|                         | SANITATION                      |            |          |                   |                      |          |               | 3           |             | 1             |                   | 2                          |
|                         | ADMINISTRATIVE AFFAIRS          |            |          |                   |                      |          |               |             |             |               |                   | 6                          |
|                         | MEDICAL AFFAIRS                 |            |          |                   |                      |          |               |             |             |               |                   | 2                          |
|                         | PHARMACEUTICAL AFFAIRS          |            |          |                   |                      |          |               |             | 1           |               |                   | 2                          |
|                         | ENVIRONMENTAL SANITATION        |            |          |                   |                      |          |               |             |             |               |                   | 3                          |
|                         | SANITARY TEAMS **               |            |          |                   |                      |          |               |             |             |               |                   | 0                          |
|                         | FOOD AND ANIMAL DISEASE CONTROL |            |          |                   |                      |          | 1             | 2           | 1           |               |                   | 5                          |
|                         | COMMUNICABLE DISEASE CONTROL    | 1          |          |                   |                      |          |               |             |             |               |                   | 3                          |
|                         | TUBERCULOSIS CONTROL            | 2          |          |                   |                      |          |               |             |             |               | 1                 | 4                          |
|                         | VENEREAL DISEASE CONTROL        | 1          |          |                   |                      |          |               |             |             |               |                   | 2                          |
|                         | PREVENTION                      |            |          |                   |                      |          |               |             |             |               |                   | 1                          |
|                         | MATERNITY AND CHILD HYGIENE     | 1          |          |                   |                      | 1        |               |             |             |               |                   | 2                          |
|                         | DENTAL HYGIENE                  |            | 1        | 2                 |                      |          |               |             |             |               |                   | 3                          |
|                         | NUTRITION                       |            |          |                   |                      |          |               |             |             | 1             |                   | 2                          |
|                         | HEALTH EDUCATION                |            |          |                   |                      |          |               |             |             |               |                   | 1                          |
|                         | PUBLIC HEALTH STATISTICS        | 1          |          |                   |                      |          |               |             |             |               |                   | 3                          |
|                         | PUBLIC HEALTH NURSING           |            |          |                   | 15                   |          |               |             |             |               |                   | 4                          |
|                         | MEDICAL SOCIAL SERVICE          |            |          |                   |                      |          |               |             |             |               |                   | 15                         |
|                         | LABORATORIES                    | 1          |          |                   |                      |          |               |             |             |               |                   | 1                          |
| TOTAL                   |                                 | 8          | 1        | 2                 | 15                   | 1        | 1             | 5           | 3           | 1             | 1                 | 23                         |
| TOTAL                   |                                 | 61         |          |                   |                      |          |               |             |             |               |                   |                            |

\*\* SEE FOOTNOTE ON PAGE

# TABLE OF ORGANIZATION CLASS C HEALTH CENTER

| ORGANIZATION                    |                                 | PERSONNEL  |          |                   |                      |          |               |             |             |               |                   |                            |       |
|---------------------------------|---------------------------------|------------|----------|-------------------|----------------------|----------|---------------|-------------|-------------|---------------|-------------------|----------------------------|-------|
| SECTIONS                        | DIVISIONS                       | PHYSICIANS | DENTISTS | DENTAL HYGIENISTS | PUBLIC HEALTH NURSES | MIDWIVES | VETERINARIANS | SANITARIANS | PHARMACISTS | NUTRITIONISTS | X RAY TECHNICIANS | NON PROFESSIONAL EMPLOYEES | TOTAL |
|                                 |                                 | *          |          |                   |                      |          |               |             |             |               |                   |                            |       |
| GENERAL AFFAIRS                 | ADMINISTRATIVE AFFAIRS          |            |          |                   |                      |          |               |             |             |               |                   | 4                          | 5     |
|                                 | MEDICAL AFFAIRS                 |            |          |                   |                      |          |               |             |             |               |                   | 1                          | 1     |
|                                 | PHARMACEUTICAL AFFAIRS          |            |          |                   |                      |          |               |             |             |               |                   | 1                          | 1     |
| SANITATION                      | ENVIRONMENTAL SANITATION        |            |          |                   |                      |          |               | 3           |             |               |                   |                            | 3     |
|                                 | SANITARY TEAMS **               |            |          |                   |                      |          |               |             |             |               |                   |                            | 0     |
|                                 | FOOD AND ANIMAL DISEASE CONTROL |            |          |                   |                      |          |               | 2           |             |               |                   |                            | 2     |
| HEALTH PROMOTION AND PREVENTION | COMMUNICABLE DISEASE CONTROL    | 1          |          |                   |                      |          |               |             |             |               |                   | 1                          | 2     |
|                                 | TUBERCULOSIS CONTROL            | 1          |          |                   |                      |          |               |             |             |               | 1                 | 1                          | 3     |
|                                 | VENEREAL DISEASE CONTROL        | 1          |          |                   |                      |          |               |             |             |               |                   | 1                          | 2     |
|                                 | PREVENTION                      |            |          |                   |                      |          |               |             |             |               |                   |                            | 0     |
|                                 | MATERNITY AND CHILD HYGIENE     | 1          |          |                   |                      | 1        |               |             |             |               |                   | 2                          | 2     |
|                                 | DENTAL HYGIENE                  |            |          |                   |                      |          |               |             |             |               |                   |                            | 0     |
| PUBLIC HEALTH SERVICES          | NUTRITION                       |            |          |                   |                      |          |               |             |             | 1             |                   |                            | 1     |
|                                 | HEALTH EDUCATION                |            |          |                   |                      |          |               |             |             |               |                   |                            | 0     |
|                                 | PUBLIC HEALTH STATISTICS        |            |          |                   |                      |          |               |             |             |               |                   | 3                          | 3     |
|                                 | PUBLIC HEALTH NURSING           |            |          |                   | 8                    |          |               |             |             |               |                   |                            | 8     |
|                                 | MEDICAL SOCIAL SERVICE          |            |          |                   |                      |          |               |             |             |               |                   |                            | 0     |
|                                 | LABORATORIES                    |            |          |                   |                      |          |               |             |             | 1             |                   | 1                          | 2     |
| TOTAL                           |                                 | 5          | 0        | 0                 | 8                    | 1        | 0             | 5           | 1           | 1             | 1                 | 13                         | 35    |

\*\* SEE FOOTNOTE ON PAGE

while the remainder were leased property. The total available floor space (government owned and leased) amounted to approximately 90,774 tsubo or 3,229,739 square feet (1 tsubo equals 35.58 square feet). During the year 66 additional health center facilities were transferred to the category of government owned either by the purchase or by construction of facilities on government owned property. Remodeling, new construction, etc., resulted in a net increase of floor space of approximately 13,553 tsubo or 482,216 square feet. Since it is the policy to provide government owned facilities for all health centers, the number of leased facilities will decrease each year as more government owned facilities are provided. In addition to the increased floor space made available in certain of the health centers there has also been considerable improvement in many of the other existing facilities. Although this cannot be measured in terms of square feet, it has nevertheless increased the usefulness of the health center facilities.

### Health Center Activities

The services rendered by the health centers are, in the final analysis, the best presently available index of the progress made during 1949. Since the Japanese fiscal year begins on 1 April and ends on 31 March, it will not be possible to compare the activities for the full calendar year as all data are not yet in. Therefore, a comparison will be made between the six month period, 1 April to 30 September 1948, with the same period in 1949.

Generally speaking most activities in the first half of the 1949 fiscal year increased approximately two-fold over the same period in 1948. However, some activities increased approximately three or four-fold while certain others (for example, immunizations) decreased because of certain special conditions described in another part of this report. The following examples will serve to illustrate the increase in the health center activities during 1949.

|                                     | <u>1948</u>           | <u>1949</u>           |
|-------------------------------------|-----------------------|-----------------------|
|                                     | <u>6-month period</u> | <u>6-month period</u> |
|                                     | <u>Apr thru Sep</u>   | <u>Apr thru Sep</u>   |
| Health Consultations:               |                       |                       |
| Total (all types)                   | 1,774,396             | 2,359,506             |
| Tuberculosis (only)                 | 426,351               | 781,154               |
| Venereal Disease                    | 195,823               | 395,784               |
| Dental Diseases (only)              | 17,787                | 69,241                |
| Treatments:                         |                       |                       |
| Total (all types)                   | 1,061,837             | 1,450,037             |
| Tuberculosis (Pneumothorax<br>Only) | 85,235                | 164,728               |
| Venereal Disease (only)             | 258,758               | 400,588               |



## Public Health and Welfare in Japan - 1949

|                                                                                               | <u>1948</u><br>6-month period<br><u>Apr thru Sep</u> | <u>1949</u><br>6-month period<br><u>Apr thru Sep</u> |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| Home Visits by Public Health Nurses:                                                          |                                                      |                                                      |
| Total                                                                                         | 382,519                                              | 661,888                                              |
| Tuberculosis (only)                                                                           | 69,119                                               | 267,137                                              |
| Venereal Disease (only)                                                                       | 10,076                                               | 32,327                                               |
| Nutrition Consultations:                                                                      |                                                      |                                                      |
| Tuberculosis (only)                                                                           | 69,938                                               | 117,690                                              |
| Training Classes (sessions)                                                                   | 1,859                                                | 4,121                                                |
| Persons Attending (sessions)                                                                  | 214,102                                              | 346,804                                              |
| Medical Social Service Consultations                                                          | 175,508                                              | 303,115                                              |
| Immunizations (Decrease due to vaccine being withdrawn from use during greater part of 1949.) | 29,019,150                                           | 9,524,775                                            |
| Communicable Disease Control:                                                                 |                                                      |                                                      |
| Case Finding Inspections                                                                      | 282,351                                              | 376,837                                              |
| Instructions                                                                                  | 234,594                                              | 1,008,281                                            |
| Environmental Sanitation:                                                                     |                                                      |                                                      |
| Sanitary Inspections                                                                          | 78,678                                               | 148,501                                              |
| (No. of person days)                                                                          |                                                      |                                                      |
| Sanitary Team Activities                                                                      | 247,335                                              | 174,013                                              |
| (No. of Team days)                                                                            |                                                      |                                                      |
| No. of Places Inspected                                                                       | No data                                              | 936,602                                              |
| Food and Milk Sanitation:                                                                     |                                                      |                                                      |
| No. of Places Inspected by Inspectors                                                         | 705,784                                              | 1,600,341                                            |
| No. of Places Scored by Milk Inspectors                                                       | 75,794                                               | 98,488                                               |
| No. Slaughtered Animals Inspected                                                             | 128,887                                              | 367,453                                              |
| Health Education:                                                                             |                                                      |                                                      |
| No. of Courses (sessions)                                                                     | 12,652                                               | 47,484                                               |
| No. of Persons Attending                                                                      | 2,953,733                                            | 11,194,402                                           |
| Laboratory Activities:                                                                        |                                                      |                                                      |
| Biological Examinations (Requested)                                                           | 16,821                                               | 54,475                                               |
| Seriological Tests for Syphilis (Requested)                                                   | 54,502                                               | 164,411                                              |

While the above are only a few of the activities carried on by health centers they will serve to give a general idea of the increase in such activities during 1949. The quality of services has also improved.

The activities described above apply to all health centers and while they indicate a marked increase in the activities of health centers as a whole, the activities of urban health centers, and

Class "A" (model) health centers in particular, showed a far greater increase both in the volume and quality of services rendered.

#### Health Center Sanitary Teams

Although sanitary teams are an integral part of the health center organization, the budget for support of the sanitary teams, food sanitation, insect and rodent control and other environmental sanitation activities is supplied by the Environmental Sanitation Division of the Ministry of Welfare and is not included in the health center budget. It is appropriate therefore, to describe the organization and functions of the sanitation division of the health center.

The environmental sanitation division of the health center has three trained inspectors, (only two provided for in 1949 budget) who work under the direction of the chief of the sanitation section. The two inspectors work in the health center district which is usually divided, on a population basis, in two parts, each inspector taking an area of approximately 50,000 population. There were 1,248 inspectors authorized during 1949. The basic functions of these inspectors are:

1. To make necessary routine inspections and special investigations of public places and private premises to determine the location and extent of public health hazards and nuisances and to collect sufficient information upon which to base plans for a suitable control program.

2. To maintain surveillance over the environmental sanitation program of the city, town and village sanitary teams, the cleaning sections, the public waterworks, schools, public works sections and other agencies responsible for sanitation functions affecting the health and comfort of the public.

3. To organize, train and direct the operation of sanitary teams to perform routine prevention and epidemic control activities. In 1949 these teams (2,620) were organized on a basis of 1 per 13,000 in towns and cities of over 13,000 population. They were assigned areas within the health center district and operated under the supervision and direction of the health center even though they were in some cases attached to towns and villages for administrative purposes. Each team consisted of six men, one assistant inspector, one foreman and four laborers. The teams operated at full strength during the summer period, April through September, but were reduced to two members during the winter phase of the sanitation program. The national government provided, in its insect and rodent control budget, funds to pay prefectures a 50% subsidy for labor costs (to be matched locally) and 33-1/3% for sanitary supplies and equipment to help meet the cost of the sanitary team program. As the cities, towns and villages contribute 25% and the prefecture 25%, the budget for sanitary teams is not included in the health center budget. However, the activities of these 2,620 teams are supervised and coordinated by the health centers.

In addition to the sanitary teams, assistant environmental sanitary inspectors were assigned to areas of over 2,000 and under 13,000 population to initiate and supervise local sanitation programs. Some 8,778 assistant inspectors were maintained in the various towns and villages and were organized, trained and directed by the sanitation sections of the health centers.

A successful program to remedy unsanitary conditions of water, sewage, night soil, garbage, refuse, insects, rodents and housing problems has depended to a great extent upon the rural sanitary inspectors, as well as the urban inspectors, assisted by the sanitary teams, all of which comprise the sanitation organization under the guidance and supervision of the health centers.

### Budget

The total national health center budget for the 1948 fiscal year amounted to ¥ 96,678,000 for operations and ¥ 125,721,000 for construction and equipment. The total national health center budget for the 1949 fiscal year amounted to ¥ 425,867,166 for operations and ¥ 133,582,834 for construction and equipment. The above is the health center budget proper but does not include expenses for insect and rodent control supplies, sanitary team personnel and a few other personnel which, although a part of the health center program, are included in the budgets of other sections.

The above budget was distributed to the prefectures and cities as a national subsidy for operations, construction and equipment. Two-thirds of the operations costs and 1/2 of construction and equipment expenses are borne by the prefectures and cities. One-third of the cost of operations and one-half the cost of construction and equipment are provided by the national government in the form of a subsidy. Many prefectures have not only matched the national subsidy but have spent considerably more than their proportionate share for construction and equipment; however, the amount which they spent, in excess of that required to match the national subsidy, is not yet available.

The national government, in an effort to curb spending and balance the budget, required drastic cuts in personnel of the various ministries and other government agencies during 1949. However, because of the recognized importance of the health center program, health centers were exempt from these cuts and an actual increase in personnel was authorized (supra).

### Health Center Publicity

A series of press conferences on the Reorganization of the Health Center System in Japan were held in Tokyo beginning the latter part of 1948 and continuing into 1949. By means of these press conferences,

details of the organization, purpose and functions of the health center was disseminated to the public throughout Japan via the newspaper network.

The information given out at these press conferences was also distributed to the Civil Affairs Teams throughout Japan where it was used as the basis for local publicity campaigns. Much additional information on the various subjects pertaining to public health in general, and health center activities in particular, was disseminated throughout the year via newspapers, magazines, radio, films, film strips, lectures, posters, etc. These activities are described in another part of this chapter under the heading of Public Health and Welfare Information Program.

### Future Program

Plans for expansion and improvement of health center activities provide for one health center for approximately each 100,000 of the population, each health center to have a building with approximately 300 tsubo (10,675 square feet) and 61 personnel (exclusive of sanitary teams), or more than 800 health centers in all. The initial program was based upon a three year plan; however, because of budgetary restrictions it was not possible to adhere to this plan. At the end of 1948 there were 675 health centers.

Health centers had previously been classified into three types, "A", "B" and "C", according to the amount of budget and number of personnel provided. They were reclassified in 1948, at the time model health centers were established, to Class "A" (model), Class "C" and less than Class "C", in order to facilitate planning necessary in the development of all health centers to Class "A".

In 1948 they were classified as follows:

Forty-six Class "A" (model) with 300 tsubo floor space and 61 personnel (exclusive of sanitary teams), and 629 which were not classified as to personnel or floor space.

Budgetary provisions for 1949 were as follows:

|                      |     |                                                                           |
|----------------------|-----|---------------------------------------------------------------------------|
| Total Health Centers | 689 |                                                                           |
| Class "A"            | 46  |                                                                           |
| Class "C"            | 330 | (with 150 tsubo floor space and 35 personnel exclusive of sanitary teams) |
| Less than Class "C"  | 313 | (with less than 35 personnel and less than 150 tsubo floor space)         |

The general plan now being followed is to raise all health centers to Class "C" as soon as possible and to elevate them to Class "A" as soon thereafter as possible. In accordance with these plans,



the 1950 budget for health center activities is as follows:

|     |                          |                                                                                                 |
|-----|--------------------------|-------------------------------------------------------------------------------------------------|
| 150 | Class "A" health centers | (Existing 46, plus 104 Class "C" to be elevated to Class "A".)                                  |
| 554 | Class "C" health centers | (313 less than Class "C" to be elevated to Class "C", and 15 Class "C" to be newly constructed) |

Thus by the end of the 1950 fiscal year there will be 150 Class "A" and 554 Class "C", or a total of 704 health centers (Ref. Charts 3 and 4). Future plans call for elevating a number of the Class "C" health centers to Class "A" each year and establishment of a limited number of new Class "C" so that ultimately there will be only one type health center, namely Class "A".

### Communicable Disease Control

#### Smallpox

In early 1949, delayed information was received that a smallpox epidemic had existed in Seoul, Korea since November 1948 and by early spring had spread to Pusan, the southernmost port adjacent to Japan. As a result of smuggling activities and illegal entry of Koreans into Japan, smallpox was introduced on several occasions during the early part of 1949. Several small outbreaks occurred in the southern part of Japan, principally in Fukuoka, Yamaguchi, Ehime and Osaka, during March, April and May. So far as could be determined, the initial case in each local outbreak could be traced to illegal entry. There were a total of 124 cases and 21 deaths during the year 1949.

From the frequency of cases among Japanese contacts it was apparent that the level of immunity among the Japanese population immunized in 1946 was not sufficiently high in itself to satisfactorily control or prevent the spread of smallpox. In view of this fact, plus the fact that Korea, China, and other areas throughout the Far East did and would in the foreseeable future continue to present an almost constant source of smallpox importation, a decision was made to re-immunize the entire population of Japan in order to afford the desired protection. The Japanese Government was directed on 27 May 1949 to take immediate steps to produce sufficient vaccine to immunize the entire population of Japan and to execute a nationwide immunization program as rapidly as vaccine became available, beginning with the most vulnerable areas and progressing to the least vulnerable areas. At the end of June 1949 all outbreaks, including the major outbreak in Osaka (62 cases for the year) had been brought under control.

By the end of 1949 approximately 92,000,000 doses of vaccine had been produced, 80,000,000 of which had passed assay, and approximately 45,000,000 immunizations had been done. It is expected that the balance of the vaccine will have been assayed and the immunization of the 80 million inhabitants of Japan will have been completed by 31 March 1950.



The threat of importation of smallpox into Japan due to illegal entry will probably continue. (Ref. Chart 5)

### Epidemic Typhus Fever

During 1949 cases of typhus fever occurred in 17 of the 46 prefectures in Japan, a total of 121 cases having been reported for the year. The peak months were January and February in which 31 and 24 cases occurred respectively. The over-all rate for Japan was 0.1 per 100,000 population. Scattered cases occurred during each month of the year with the exception of August (Ref. Chart 6).

In accordance with plans to revise and consolidate typhus control operations, a memorandum for the Japanese Government was issued on 28 May 1949 in which outdated directives, as they pertained to typhus control, were rescinded and new provisions stressing preventive aspects were made. In order to bring this new directive into effect, the Ministry of Welfare issued appropriate instructions to governors of all prefectures.

During routine staff visits to the various regions of Japan during 1949, attention of health officials was called to the typhus control program, and to the importance of continued application of preventive measures.

Investigations conducted in early 1949 revealed heavy infestations of head lice among school children, particularly in the girls of the elementary schools, consequently public health and education officials cooperated in the formulation and execution of a campaign designed to check the spread of head lice among the school children in urban and rural areas.

Delousing procedures with 10% DDT dust were performed by school teachers and school nurses in cooperation with public health nurses and sanitation officers of the health centers.

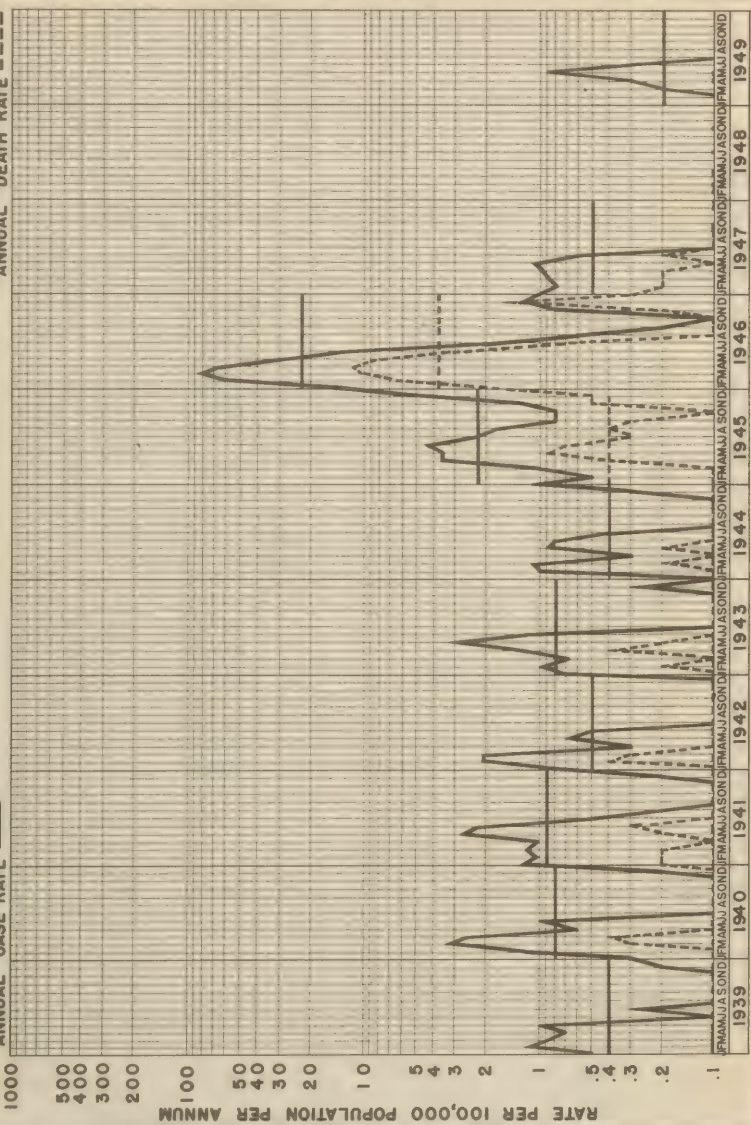
Information concerning lice and typhus was released to the public at intervals principally through the media of the press and radio. During 1949, fifty radio releases by the Broadcasting Corporation of Japan were made and the six large newspapers released eight articles during the year. These releases did not include those made by subsidiary papers or local radio stations.

### Murine Typhus

Based on reports of serological studies made during 1948, it was assumed that approximately one-third of the cases of typhus reported in 1949 were of the murine type. Routine serological diagnosis of murine typhus was discontinued during the year.

# SMALLPOX: JAPAN, 1939-1949

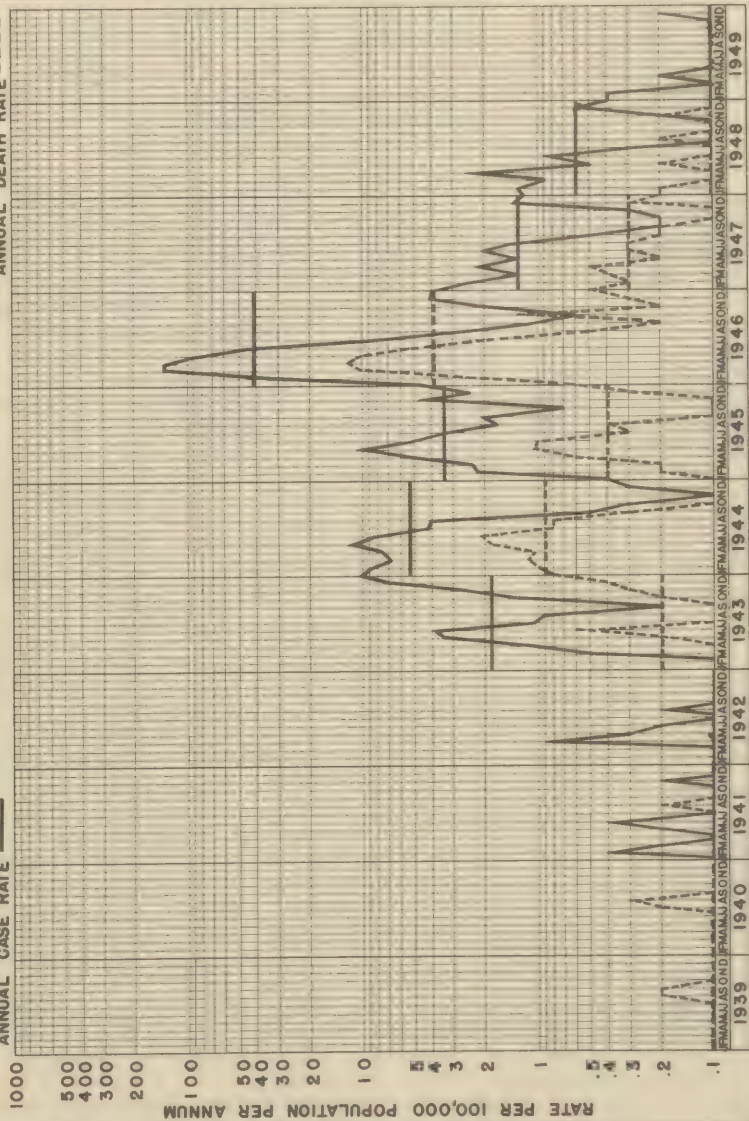
MONTHLY CASE RATE ———  
 ANNUAL CASE RATE ———  
 MONTHLY DEATH RATE - - - -  
 ANNUAL DEATH RATE - - - -



# TYPHUS FEVER: JAPAN, 1939-1949

MONTHLY CASE RATE —  
ANNUAL CASE RATE —

MONTHLY DEATH RATE ----  
ANNUAL DEATH RATE ----





Scrub Typhus - Tautsugamushi Fever

The National Institute of Health, the Public Sanitation Bureau of the Ministry of Welfare and the Niigata Prefectural Health Department, under supervision of the Public Health and Welfare Section, successfully conducted a project for the prevention and treatment of scrub typhus in Niigata prefecture.

Eighteen villages, numbering approximately 10,000 persons, along the Shimano and Agano rivers in Niigata prefecture were selected for the project. The plan was essentially one of protection of farmers against mite attack through impregnation of clothing with a miticide and the treatment of cases as they developed with para-amino-benzoic acid (PABA) or chloromycetin.

Of the 10,000 persons in the area, 3,031 persons subject to the greatest risk of mite attack were selected and their clothing impregnated against mites with a miticidal solution consisting of equal parts of benzyl benzoate and dimethyl phthalate and diluted 1:17 with water.

A total of 28 cases of scrub typhus occurred among the population of these eighteen villages. Nine cases occurred among those persons whose clothing had been impregnated while 19 cases were reported from among those persons whose clothing had not been so treated. Contraction of the disease among persons of the treated group was shown due to personal carelessness in failure to properly follow advice and instructions, and not due to the failure of the miticide. The 28 cases were hospitalized and treated with either PABA or chloromycetin. Eighteen cases were treated with PABA, of these cases one death was recorded in a patient who began treatment too late in the course of a severe illness. In a second case, remission of fever occurred following completion of the full treatment course. In the remaining treated cases, the temperature curves reached a normal point approximately 14 days following the initial dose.

Ten cases were treated with chloromycetin. No deaths or relapses occurred among this group and the temperature curves reached a normal point in approximately four days.

As a direct result of the scrub typhus control program, 152 acres of new land was opened for cultivation. The people of Niigata were enthusiastic about the program and cooperated wholeheartedly with health officials.

Typhus control programs in 1950 will continue with certain modifications in the dusting, spraying and immunization procedures as indicated by the typhus incidence. In the areas where scrub typhus exists the program will be continued and expanded.

Diphtheria

Due to the appearance of severe reactions to diphtheria toxoid in November 1948 resulting in over 60 deaths among inoculated infants in



Kyoto and Shimane, all further use of toxoid was temporarily halted. Investigation revealed defects in the manufacturing process which were not found by the assay methods then in use. No further immunizations were performed until late in the fall of 1949 when toxoid manufactured to new standards and checked by revised assay procedures became available.

Because of the 12-month lapse in the immunization program required to correct defects in manufacture and assay of toxoid, the previously established trends in diphtheria case rates were altered (Ref. Chart 7).

A priority system was established so that initial immunizations would be completed first on all infants whose immunization is required by the Preventive Vaccination Law (Law No. 68 of 1948).

Re-immunization of the pre-school and school groups, required at approximately 5 and 11 years of age are to be performed as stocks of toxoid become available. It is expected that all legally required diphtheria immunizations will be completed by the fall of 1950.

#### Cholera

Cholera was not present in Japan in 1949. The Ministry of Welfare provides for a reserve of cholera vaccine in addition to the stocks supplied to quarantine stations at ports of entry.

#### Dysentery

Marked reduction in dysentery had been effected in 1948, but the level of that year, giving a case rate of 18.3 per 100,000 population, was not maintained during 1949. During 1949 there were reported 24,001 cases and 7,824 deaths due to dysentery with a case rate of 29.2 per 100,000 population. This increase of 59.6% over the previous year is attributed partly to delay in instituting effective measures of environmental sanitation sufficiently early in the season, and partly to too great a reduction in sanitary teams in 1949 due to budgetary limitations (Ref. Chart 8).

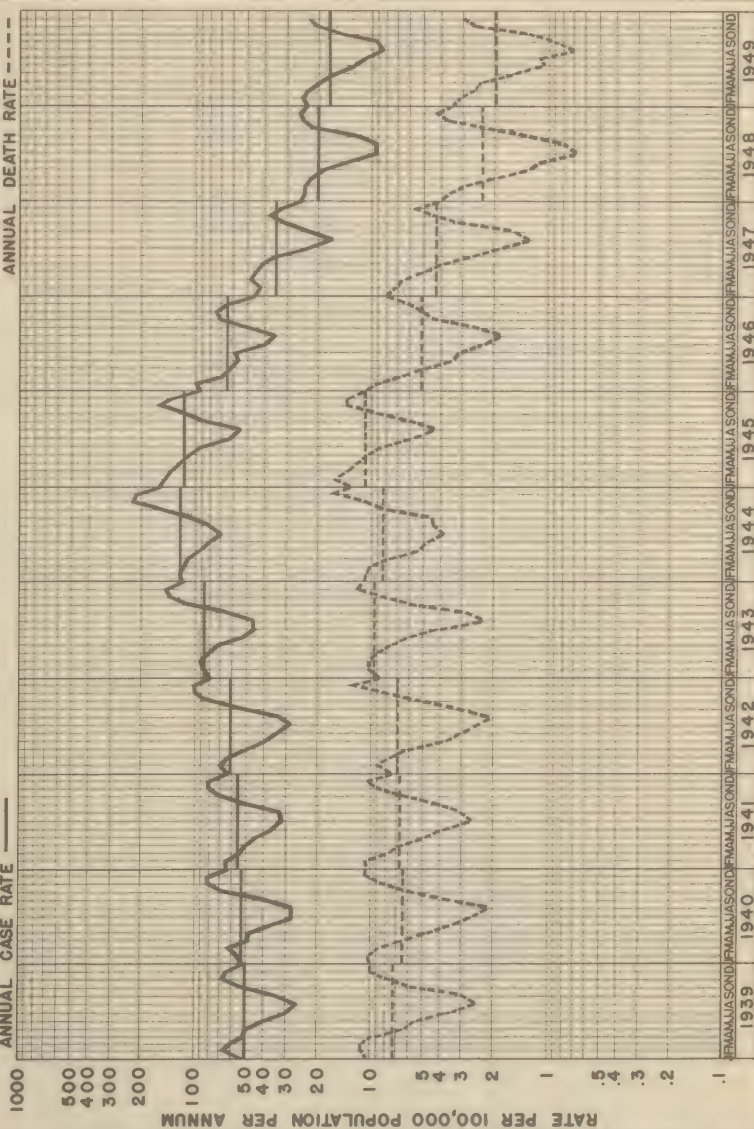
#### Typhoid and Paratyphoid

Due to the temporary suspension of the production and use of vaccine during 1949 there was insufficient approved vaccine available prior to the intestinal disease season for completing all scheduled immunizations.

By giving "booster" inoculations of 0.1 cc intracutaneously instead of 1.0 cc subcutaneously, the protection afforded by re-

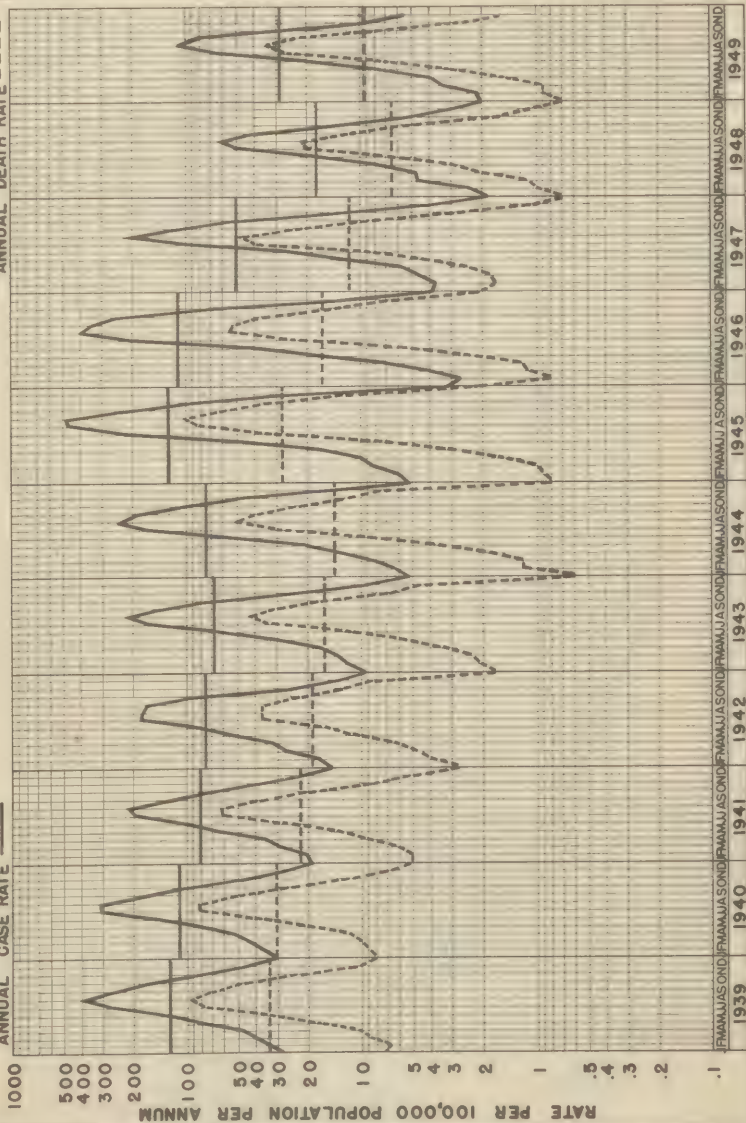
# DIPHTHERIA: JAPAN, 1939-1949

MONTHLY CASE RATE —  
ANNUAL CASE RATE —  
MONTHLY DEATH RATE - - -  
ANNUAL DEATH RATE - - -



# DYSENTERY: JAPAN, 1939-1949

MONTHLY CASE RATE —  
ANNUAL CASE RATE —  
MONTHLY DEATH RATE - - -  
ANNUAL DEATH RATE - - -



(8) PREVIOUS CHART NO. 8.3 27-10-1949



immunization was provided a greater proportion of the population than would otherwise have been possible. A total of about 22,000,000 persons were immunized or re-immunized against typhoid-paratyphoid in 1949. The typhoid rate of 7.9 per 100,000 population for 1949 is the lowest rate ever recorded for this disease in Japan. Similar reductions have been made in para-typhoid fever to a 1949 rate of 2.7 cases per 100,000 per annum (Ref. Charts 9 and 10).

### Malaria

Except for a few foci of infection, the majority of cases have been recurrent vivax malaria. Environmental sanitation activities have assisted in reducing malaria incidence in the prefectures where the disease occurs naturally: Hiroshima reported 110 cases in 1948 and 47 in 1949, Ehime reported 107 and 33 in the same two years, Fukuoka 246 and 68, and Kagoshima 158 and 30 cases. Shiga prefecture is the main focus of infection, reporting about 60% of all malaria in Japan. Within Shiga, the majority of cases occur in the marshy agricultural areas along the eastern and northeastern shores of Lake Biwa. Shiga reported 2,258 cases of malaria in 1948 and 2,200 cases in 1949, accounting for 45.7% and 58.9% of all malaria in Japan during these two years. The rate for all Japan was 6.2 per 100,000 in 1948 and 4.5 in 1949. Future plans within Shiga prefecture include extensive programs for elimination of breeding places, the application of insecticides and larvicides, and the discovery and treatment of sub-clinical infections.

### Japanese B Encephalitis

Since an epidemic year is usually preceded and followed by seasons of increased prevalence, the measures taken during 1948, concentrating on mosquito control as well as on the prompt reporting and isolation of cases, were intensified in 1949. Nevertheless, the 1948 epidemic with its 7,208 reported cases was followed by a recurrence in 1949 with 1,284 cases. These were primarily in central and southern Japan.

The epidemiology of Japanese B Encephalitis is not completely known, but the recurrence of the disease in cycles and its tendency to affect children of an age less than the interval since the last previous epidemic leads us to believe that sub-clinical immunizing infections may be quite common during epidemic years and uncommon between epidemics.

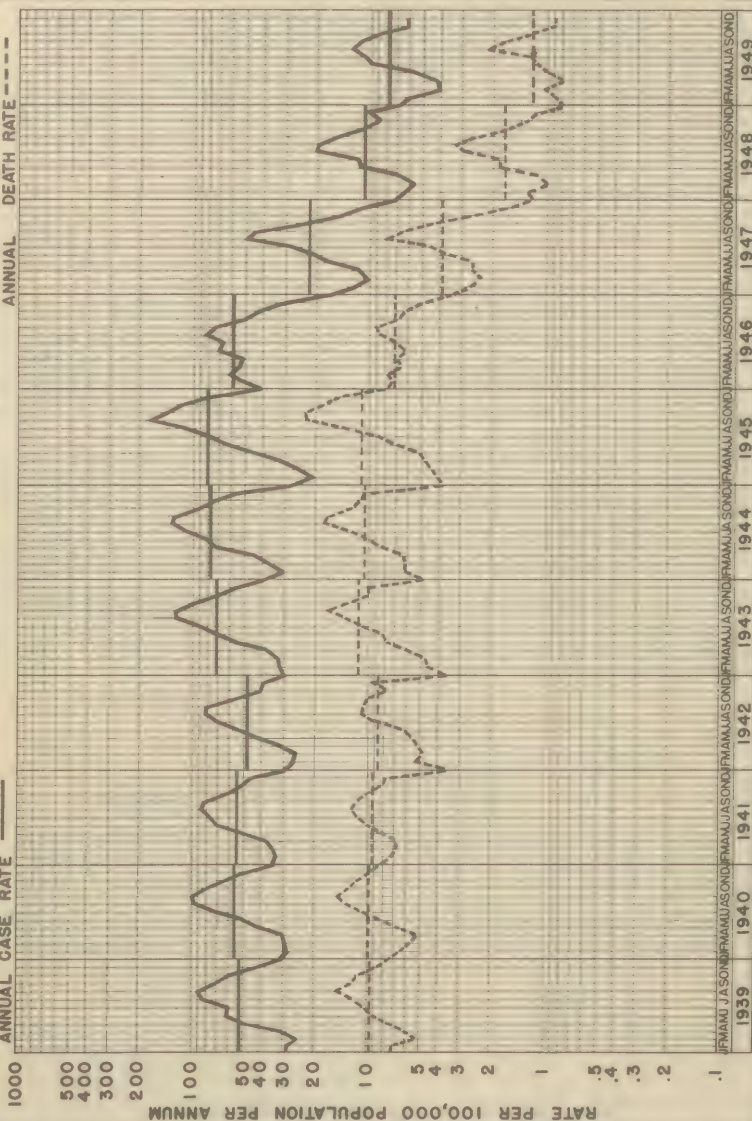
### Scarlet Fever

There was an increased incidence of scarlet fever during 1949, with 4,667 cases reported as compared with 2,924 cases in 1948. The



# TYPHOID FEVER: JAPAN, 1939-1949

MONTHLY CASE RATE ———  
 MONTHLY DEATH RATE ———  
 ANNUAL CASE RATE ———  
 ANNUAL DEATH RATE ———



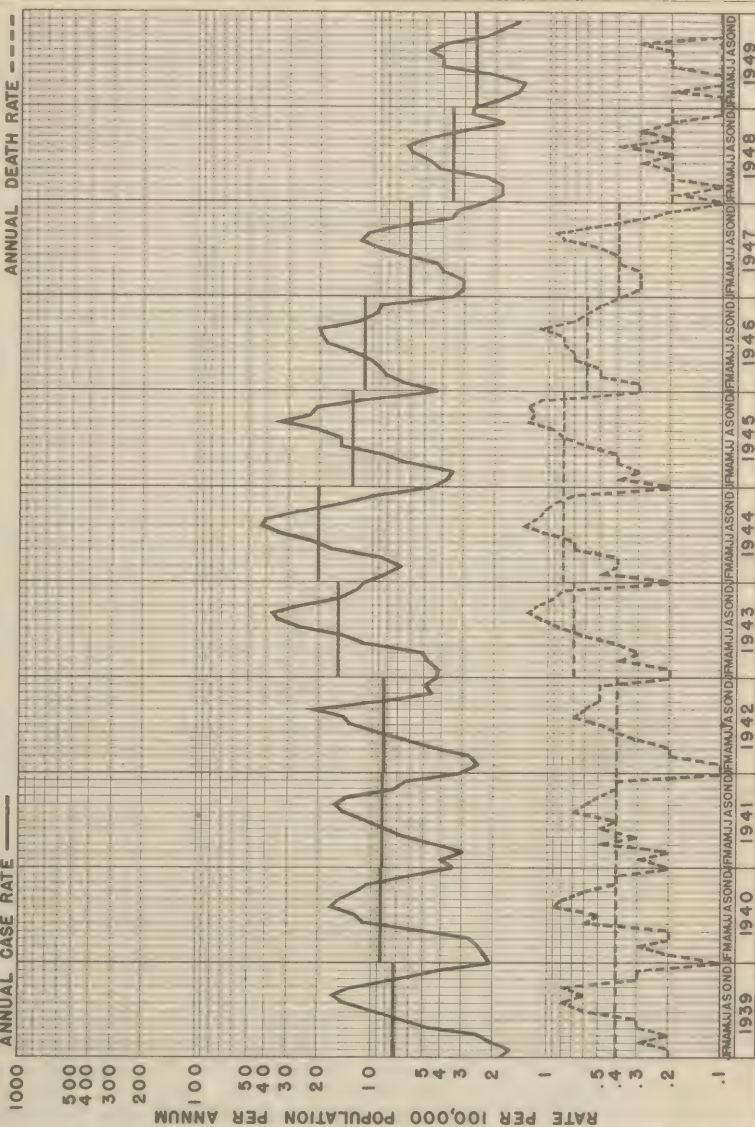
# PARATYPHOID FEVER: JAPAN, 1939-1949

MONTHLY CASE RATE

ANNUAL CASE RATE

MONTHLY DEATH RATE

ANNUAL DEATH RATE



(10)

PH &amp; W/HS CHART NO B-30 22-K-1940

increase occurred in practically all prefectures except Hokkaido which ordinarily experiences the highest rates. The over-all incidence is low as compared with most temperate zone countries, having been 3.7 cases per 100,000 in 1948 and 5.7 in 1949. Ordinary communicable disease control measures are utilized in the control of this disease. (Ref. Chart 11)

### Epidemic Meningitis

There were still further reductions experienced in epidemic meningitis incidence, with 2,035 cases reported in 1948 and 1,467 cases in 1949, the rates per 100,000 per annum being 2.6 and 1.8 respectively (Ref. Chart 12).

### Pertussis

Whooping cough (pertussis) underwent a marked increase in prevalence during 1949 with  $2\frac{1}{2}$  times as many cases (126,827) reported as during the previous year (52,791). The case rates were 66.2 per 100,000 in 1948 and 154.3 in 1949. Whooping cough ranks among the ten leading causes of infant deaths, with rates per 1,000 live births of 3.2 in 1947, 0.9 in 1948 and 1.8 in 1949. The death rate for whooping cough per 100,000 population was 5.9 in 1948 and 11.1 in 1949.

\* Compulsory inoculation against whooping cough is provided for in the Preventive Vaccination Law but difficulties of manufacture together with the necessity for establishing standards for production and assay have delayed complete implementation of the law. However, suitable minimum standards and production methods now exist and prospects are good for the early resumption of immunizations in 1950.

### Plague

Plague has not been reported in Japan during the past 20 years. Present plague prevention measures consist of the inspection of ships and their fumigation if rodents are present, and the routine catching and examination of rats in the harbor areas of seaports. Special precautions are taken with ships and cargo arriving from known plague infected ports. The thirteen quarantine stations of Japan caught a total of 9,463 rats in 1949 of which number 6,327 were examined. None of those examined were found plague infected.

### Tuberculosis

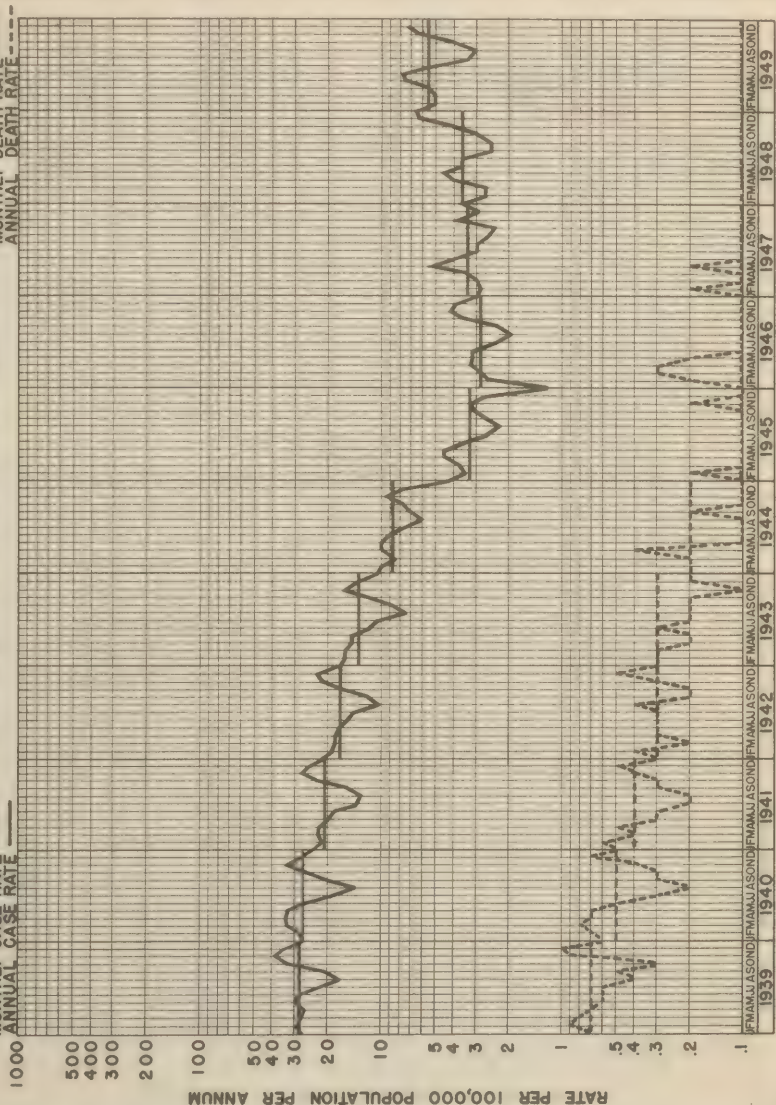
In 1949 the tuberculosis death rate in Japan dropped to 168.8 per 100,000. The death rate in the 10-24 age group dropped from 188.9 per



# SCARLET FEVER, JAPAN: 1939-1949

MONTHLY CASE RATE  
ANNUAL CASE RATE

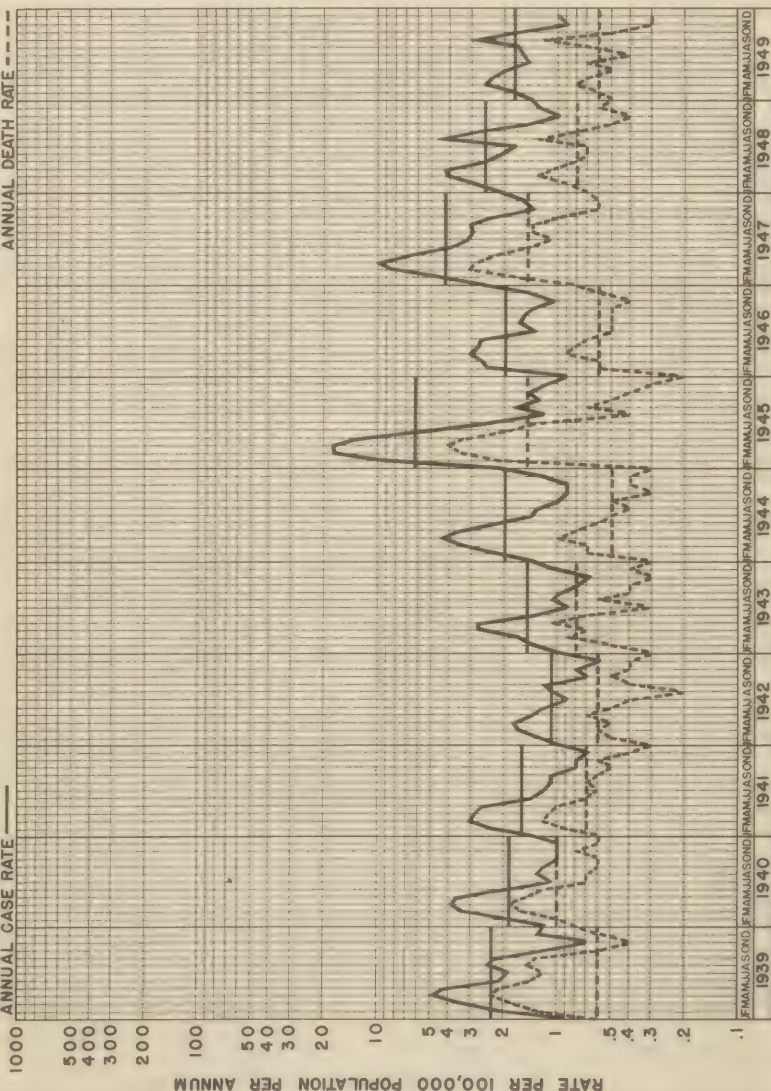
MONTHLY DEATH RATE  
ANNUAL DEATH RATE





# EPIDEMIC MENINGITIS, JAPAN: 1939-1949

MONTHLY CASE RATE —  
ANNUAL CASE RATE —  
MONTHLY DEATH RATE - - -  
ANNUAL DEATH RATE - - -



100,000 in 1948 to 165.3 per 100,000 in 1949. All other age groups dropped from 173.6 per 100,000 to 169.2 per 100,000. This is the lowest rate recorded since the turn of the century and reflects the results of the cumulative efforts to control tuberculosis which are being exerted at an ever increasing tempo at all levels. (Ref. Charts 13 and 14)

The year 1949 will be marked as the year when streptomycin was first introduced into Japan. In March 200,000 grams were imported under GARIOA funds and in October 400,000 additional grams were imported. This streptomycin was allocated to various parts of Japan on the basis of population and death rates. Its use was confined to hospitals and sanatoria whose facilities were adequate and staff competent to secure the greatest benefit from the limited amount available. Preference was given to its use in early cases. A national "Streptomycin Research Council" was established to study the results of its use. Extensive reports of the experience with streptomycin in the United States were made available to this council.

The BCG vaccination program was interrupted in 1949 due to the temporary suspension of the use of all biologicals in December 1948. Advantage was taken of the interval to establish central facilities for the production of all BCG used. A complete switch over to the use of dried vaccine was made. When the program was resumed in October 1949, Japan had for the first time a uniform vaccine, all produced in one laboratory. Stringent assay procedures are now in effect, guaranteeing both the safety and potency of the vaccine. During the remainder of the year, after the resumption of the program approximately two million doses were administered.

Increased emphasis was placed on local administrative aspects of the tuberculosis control program. Prefectural and health center officials were indoctrinated with the concept that tuberculosis control activities involve seeing that the patient receives all the benefits to which he is entitled and needs. To this end tickler files were introduced as an aid in supervision. In many prefectures central clearing procedures were set up to furnish information in relation to vacant beds. The importance of nursing home visits was stressed and as a result home visits increased.

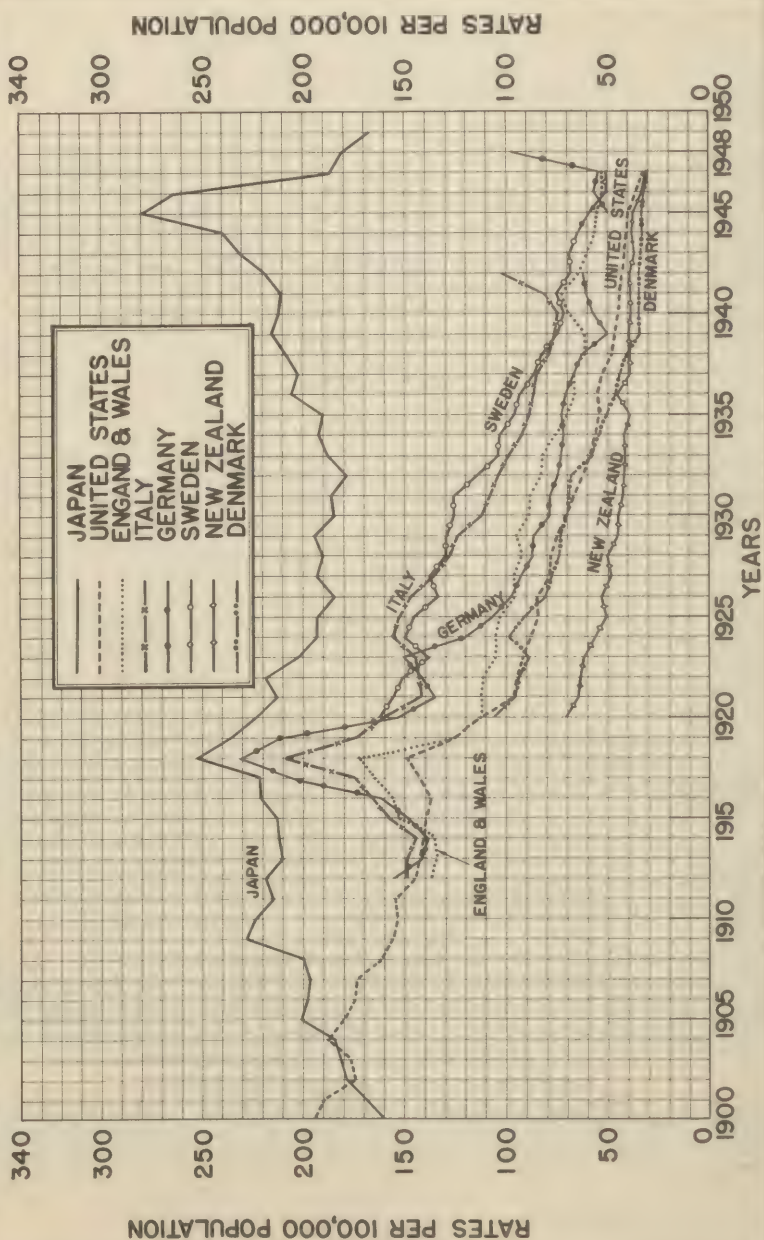
Beds available for the treatment of tuberculosis during the year were increased from 73,200 to 82,069. The present bed death ratio is .59. Occupancy of beds increased from 52,065 to 71,741 during the year or from 71.1% to 87.4%. This increased occupancy is in a large part attributable to improvement in local administration.

Local tuberculosis control activities were greatly aided by both national and local publicity activities. During the year there were 223 radio broadcasts and 39 general news releases concerning tuberculosis.

#### Venereal Disease

Due to budget limitations it was not possible to open any new venereal disease clinics with the aid of national subsidy in 1949.

# COMPARATIVE TUBERCULOSIS DEATH RATES: 1900-1949

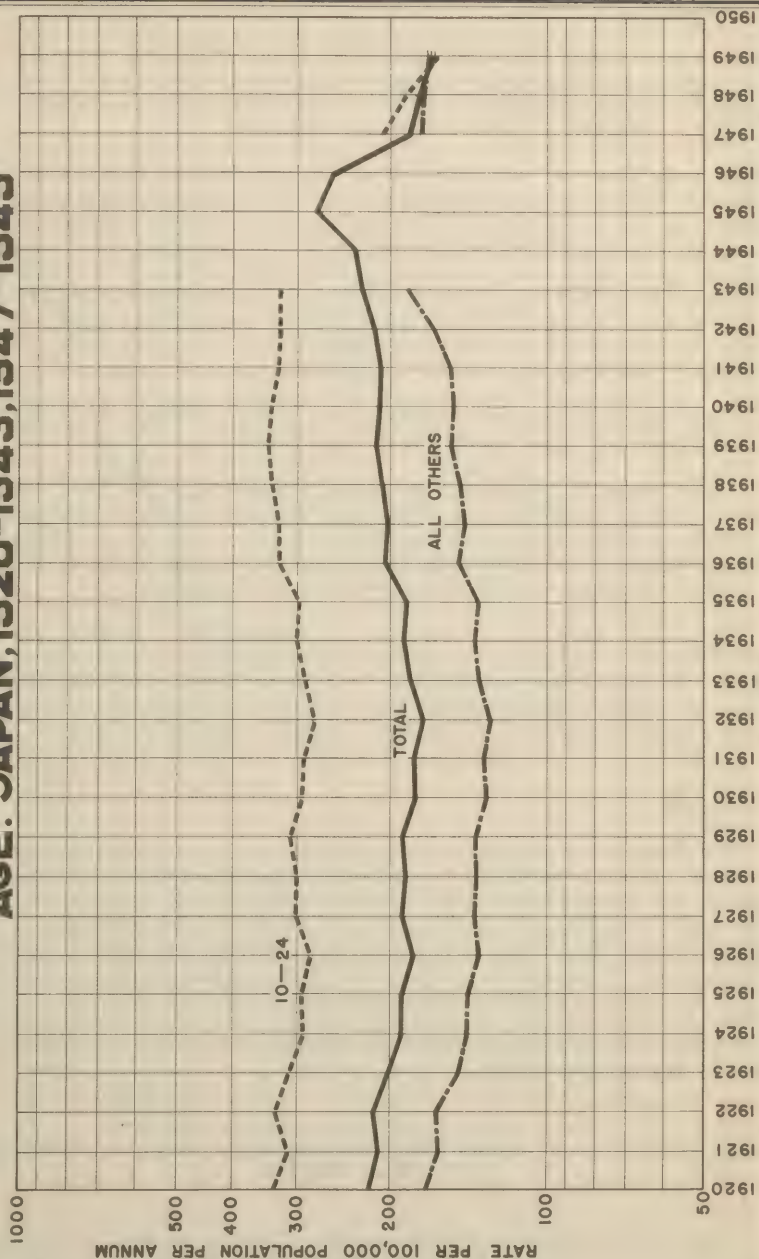


(13)

PHARM/HS CHART NO. B-13 3-1-1949



# DEATH RATES FROM TUBERCULOSIS ACCORDING TO AGE: JAPAN, 1920-1943, 1947-1949





All previously operated clinics were maintained and a survey indicated that 1,705 clinics, public and private were in operation during the year. Efforts were directed towards the more efficient operation of these units, particularly as regards reporting, case finding and case holding. Clinic personnel were given refresher courses, stress being laid upon diagnosis, treatment and epidemiology.

During 1949 the confusion as to whether contact tracing was a police or public health function was brought clearly into focus. A sharp line was drawn between prostitution and venereal disease; any action concerning prostitution per se is a police function, while venereal disease is the responsibility of public health officials and police will be used only when requested by the public health officials in the case of a specific individual. This concept has been very difficult to make clear to those officials who in the past have considered "force" the main instrument of venereal disease control.

Efforts were made to encourage pre-marital examinations which are not required but urged by the Venereal Disease Control Law.

Statistically, the total venereal disease rate for 1949 was 477.0 per 100,000 as compared with 588.7 per 100,000 in 1948. Both gonorrhea and syphilis rates were less for 1949 than for 1948 but the remarkable drop occurred in the chancroid rate which fell from 45.7 per 100,000 in 1948 to 26.8 per 100,000 in 1949. (Ref. Chart 15)

The first week of September was designated as "Venereal Disease Control Week". During this period publicity efforts were intensified. Excellent cooperation was secured from other Ministries, lay organizations, and publicity channels. During the year there were 60 broadcasts and 23 newspaper releases concerning venereal disease.

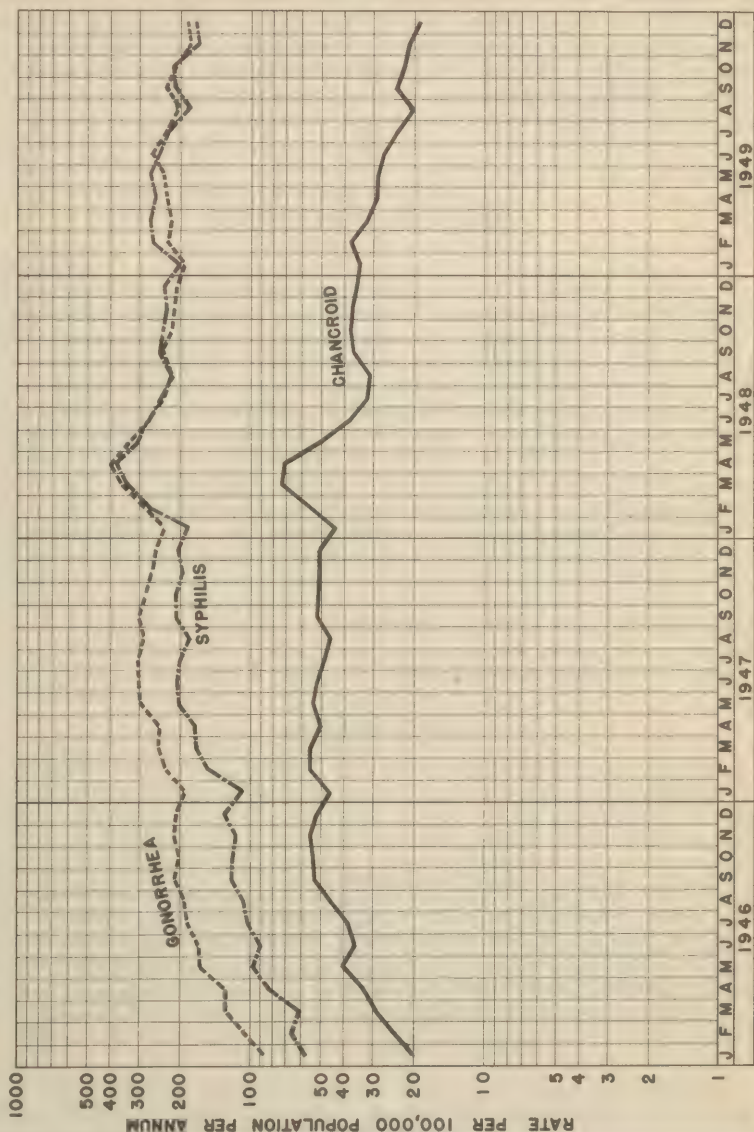
### Sanitation

Environmental sanitation has presented a tremendous problem in relation to the control of communicable diseases and to the improvement of the general health of the people of Japan. This problem is more acute and more difficult of solution due to the crowding of the people within the areas suitable for agriculture and within the industrialized urban areas, to the low living standards under which the majority of the population must live, and to the limited public funds available for projects necessary to remove sanitary hazards and maintain standards of environmental sanitation conducive to an improvement of the public health.

### Personnel Training

The implementation of the program of environmental sanitation is dependent on well trained personnel in both administrative and operational fields. Short courses of three months each were continued during 1949 so that by the end of the year a total of 127 sanitary

# VENEREAL DISEASES: JAPAN, 1946-1949



engineers and 454 sanitarians had received training at the Institute of Public Health. Regional and prefectural conferences provided additional training for sanitation personnel and, the supervision of sanitary teams within health center districts by inspectors and team supervisors who received more formal training, has resulted in a noticeable improvement in the quality of their work.

### Insect and Rodent Control

Special emphasis in the insect and rodent control program in 1949 was given to the reduction of mosquitoes through the elimination of breeding places, the use of larvicide and the extermination of adult mosquitoes in dwellings and animal shelters. Residual DDT spray was applied to approximately 800,000 barns in an effort to reduce the danger of another epidemic of Japanese B Encephalitis in 1949. Anti-typhus measures included the spraying of transportation facilities and dusting with insecticide powder. An extensive program of spraying and dusting public establishments and private premises with DDT insecticidal solutions and powder was carried out during the year, while over 5,000,000 school children were dusted to control head and body lice. Rodent control activities throughout Japan continued with about 5,000,000 rats reportedly caught. Two "clean-up" weeks, sponsored by the Ministry of Welfare, were observed throughout Japan, one during April and the second during September.

### Water Supplies

Continued repairs to and extensions of water supply systems were carried out during 1949. Since municipalities take care of the operation of their own plants, the health department's responsibility is primarily one of inspection to determine water potability and advice to the operators of water supply systems regarding alterations or improvements necessary to insure safe supplies for the public. The short courses for Sanitary Engineers and Sanitarians at the Institute of Public Health include instructions in water purification and water-works inspection methods. Water assay procedures were reviewed and more emphasis was placed on bacteriological measures of water potability.

### Waste Disposal

Rural districts utilize human waste, collected in pit privies, to enrich the soil for food crops. Even urban areas commonly followed the same practice. A survey of seven urban prefectures in 1949 revealed that about 66.8% of the "night soil" was used by neighboring farmers, 20.7% by city dwellers on their gardens, while only 12.5%



entered sewerage systems. The city of Tokyo adopted regulations during 1949 requiring flush type toilets in all new construction accessible to sewerage systems, and the installation of flush type toilets within two years for existing construction accessible to sewerage. Studies were made and will be continued in 1950 to determine improved methods of sewage treatment and disposal applicable to the waste disposal problems peculiar to Japan. It is hoped thereby to further reduce intestinal disease due to fecal contamination, and to reduce the almost universal infestation with intestinal parasites.

#### Port Quarantine

Quarantine stations established at 11 designated ports of entry for foreign vessels and two ports of entry for Japanese vessels engaged in international trade were in operation throughout 1949. Branch stations of Yokohama operate at Haneda and Yokosuka and personnel from Kobe Quarantine Station provided quarantine service for vessels entering at Osaka. These stations all operate under the Quarantine Section of the Ministry of Welfare.

During 1949 vermin were exterminated by fumigation with cyanide on 174 foreign vessels and 670 Japanese vessels. An additional 52 Japanese vessels were fumigated with sulphur at two stations where cyanide fumigation was not available.

Certificates of Deratization were issued to each vessel that was fumigated and certificates of Exemption from Deratization were issued to 108 foreign vessels and 79 Japanese vessels which, upon inspection, were free of rats according to international standards.

The quarantine station at Hakodate which had been housed since its establishment in the area of the repatriation center at that port was provided with new quarters more conveniently located for quarantine operations.

Reports were submitted weekly concerning the presence of quarantinable diseases in port cities of Japan. These reports were forwarded to the Epidemiological Intelligence Station in Singapore from which weekly reports are, in turn, received of cases of quarantinable disease present in other Asiatic marine and air ports. Public Health and Welfare Section has continued as the intermediary in communications between international agencies of the World Health Organization concerned with quarantine measures and the Japanese Government.

Quarantine regulations were revised 30 July 1949 by the publication of SCAP Circular No. 17, Foreign Quarantine Regulations for Japan. By this Circular the duration of validity of certificates of immunization were brought into accord with current international practice and the recommendations of the World Health Organization.

#### Laboratories in Japan

The laboratory program for Japan crystallized in 1949. Many problems which had been in a state of flux during the earlier years



of the Occupation were solved. The vast improvement in the laboratory program which took place in 1949 is in part a direct reflection of the generally improved economic condition of Japan as a whole and of a realization on the part of the Japanese officials concerned that an opportunity for definite progress existed. The over-all program has continued to be handicapped by insufficient funds, poor facilities, and inadequately trained personnel. In part these disadvantages are being overcome. A fundamental program has been firmly established and is in operation.

### The Public Health Laboratory System

The scheme of Public Health Laboratory organization which has been established by Public Health and Welfare Section and the Ministry of Welfare, Japanese Government, is outlined as follows:

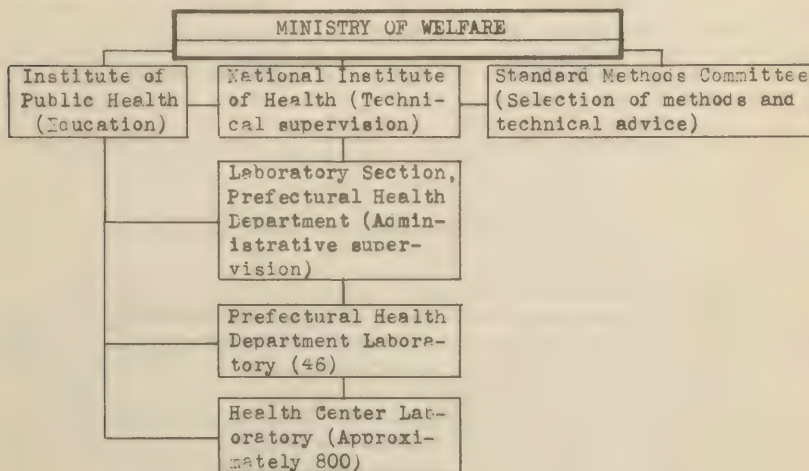
1. National diagnostic center and technical supervisory agency for all public health laboratory activity in Japan: The National Institute of Health. Although this institute has been serving in this capacity, this is the first time it has been officially designated as having this responsibility. In order to accomplish this, the National Institute of Health was relieved of all responsibility for routine training of laboratory personnel and in the future will teach only courses in specialized techniques to special groups. A laboratory control section will be established in the National Institute of Health for the purpose of checking the diagnostic proficiency of lower echelon laboratories.

2. National educational agency responsible for the training of all types of personnel for public health laboratories: The Institute of Public Health. In the past this responsibility has been shared with the National Institute of Health although the Institute of Public Health has actually conducted the majority of the training courses presented.

3. Advisory group for recommending standard methods to be used by the various public health laboratories and for aiding in the solution of other technical problems: The Standard Methods Committee. This committee of forty of Japan's best scientists was appointed by the Minister of Welfare in the fall of 1949. By the end of the year it had completed twenty-nine of thirty-five proposed sections of Standard Methods for Public Health Laboratories. The remaining six sections and official adoption of all sections will be accomplished in early 1950. The work of this committee and its sub-committees of one hundred twenty members is regarded as outstanding.

4. Regional diagnostic center with responsibility for the public health laboratory activity within each region: a prefectural health department laboratory within each prefecture. The role of the prefectural public health laboratory has been described. It is planned that this laboratory will be equipped and its personnel trained to perform any type of public health laboratory analysis.

5. Local diagnostic center offering direct service to the people: the health center laboratory. The role of the health center laboratory is to serve as a screening laboratory, where necessary, for the prefecture health department laboratory. Public health laboratory procedures which are adequate for effective diagnosis of most specimens of each type were instituted in the health center laboratories. Where these methods fail or require confirmation, or where they do not supply all of the information needed by the physician, the specimen will be forwarded to the regional laboratory. As a result of the establishment of specific detail under which to operate, most health center laboratory personnel are attacking their work with renewed vigor. It must be emphasized that the standards of proficiency and detail adopted are statements of the minimum diagnostic activity in which a health center laboratory should engage.



#### Training of Public Health Laboratory Personnel

Training of public health laboratory personnel was conducted at the National Institute of Health and the Institute of Public Health. The National Institute of Health will no longer engage in the routine training of laboratory personnel. All training of this type will be conducted at the Institute of Public Health in the future. Training courses conducted in 1949 at the National Institute of Health were attended by personnel from prefecture health department laboratories. Training courses conducted at the Institute of Public Health were attended by personnel from health center laboratories. Training courses conducted in 1949 for public health laboratory personnel are indicated in Table I.

Table I

| <u>Institute</u>             | <u>Course subject matter</u>                 | <u>No. of courses</u> | <u>Length of course</u> | <u>No. of students</u> |
|------------------------------|----------------------------------------------|-----------------------|-------------------------|------------------------|
| National Institute of Health | Bacteriology<br>Serology                     | 1                     | 3 months                | 46                     |
| "                            | Influenza<br>Diagnosis                       | 1                     | 2 days                  | 46                     |
| "                            | Typhus Fever<br>Diagnosis                    | 1                     | 2 days                  | 20                     |
| Institute of Public Health   | Laboratory<br>Directors                      | 1                     | 7 days                  | 45                     |
| "                            | Bacteriology<br>Serology Clinical<br>Methods | 2                     | 2 months                | 52                     |

Plans for Future Training Courses

In the past, as well as in 1949, prefectural health departments have conducted independent training courses for health center personnel. There has not necessarily been correlation of subject matter or objectives between prefectures or with the objectives of the national program. Arrangements have been made to temporarily discontinue such training until prefecture health department laboratory personnel themselves have received standardized formal training. Plans for such training have been completed and budget obtained for the 1950 Japanese fiscal year beginning 1 April.

Biologic Laboratory Program

The accomplishments of the biologic laboratory program for 1949 date from November 1948 to the so-called Kyoto incident: the details of events occurring in Kyoto in November 1948 were not known until late December 1948 and early January 1949 following completion of an investigation. In the routine vaccination of children in Kyoto with diphtheria toxoid, incompletely detoxified material was used and a number of deaths resulted. The diphtheria toxoid used had been assayed at the National Institute of Health and had been released from assay as satisfactory for human use. In the detailed investigations which ensued it was determined that (1) the lot of diphtheria toxoid concerned represented several bottles of toxoid, at least one of which had not been sampled for assay and that (2) the assay procedure actually in use at the National Institute of Health would not have detected the non-detoxified toxin had it been submitted for test.



Concurrent with the first deaths which resulted from the use of this product, Public Health and Welfare Section issued a memorandum to the Japanese Government on 28 December 1948 which suspended the production and use of all Japanese produced biologic products required for the enforcement of the Public Vaccination Law, Law No. 68, 1948. Biologic production laboratories were closed and all biologic products, regardless of their location in Japan, were collected and stored for reassay.

Inspection committees were formed and each of the thirty-six licensed biologic laboratories surveyed were rigidly inspected. This inspection included a thorough examination of (1) the qualifications, experience, and training of the responsible technical officials; (2) the technical procedure employed for the production of each product; (3) the physical facilities and condition of the laboratory; (4) the nature and condition of laboratory and processing equipment available; (5) the quality of product produced by the laboratory based on official assay records for the year 1948; and (6) the financial condition of the laboratory.

The above investigations were completed during the period January through March 1949. In the meantime the assay methods employed at the National Institute of Health were completely revised to insure the release from assay of biologic products which were safe, sterile, and effective for human use. A general fundamental regulation upon which to base a sound, efficient and aggressive biologic program was written and officially promulgated as Ministry of Welfare Ordinance No. 8 on 21 February 1949. A program to reassay all biologic products in Japan which had previously been released for human use on the basis of National Institute of Health assay was immediately undertaken. Samples of every lot of every biologic product in Japan were collected from the products which had been stored throughout Japan and were sent back to the National Institute of Health for reassay.

On 12 April 1949 Public Health and Welfare Section issued a memorandum to the Japanese Government which authorized the reissuance of licenses to ten of the thirty-six biologic laboratories surveyed which had formerly been licensed to produce biologic products. This memorandum also specified conditions for the reissuance of licenses to the remaining twenty-six laboratories. The conditions specified were rigid so as to exclude any possibility of a recurrence of the Kyoto incident and included an examination of five lots of each type of product the laboratory desired to be licensed to produce before a license could be granted.

It is of interest to note that of the group of laboratories which were not reissued licenses, some had produced products of which only 10-15% had passed National Institute of Health assay during the year 1948. Public Health and Welfare Section directed that assay records of each product produced by each laboratory would be routinely examined, and for a laboratory to retain its production license for each product, at least 50% of that product submitted for assay would be required to pass assay.

All biologic laboratories were granted the privilege of submitting any product on hand for assay with the understanding that if the



product passed assay it could be released for human use. New production was prohibited for the twenty-six laboratories which had not been approved for the reissuance of licenses except in those cases where the laboratory made the improvements necessary for obtaining a license. In these cases the laboratory was granted special permission to produce five lots of each product applied for, to be submitted for National Institute of Health assay pursuant to obtaining a license.

Many difficulties were encountered in getting the ten licensed laboratories to resume large scale production of biologic products. Biologic producers were accustomed to being issued production quotas of a definite quantity of each type of biologic product they were licensed to produce. This system resulted in a complete lack of competitive spirit between laboratories and destroyed any initiative on the part of the individual laboratory for product improvement. This system was successfully abolished in the spring of 1949. It was demonstrated to the producer that the demand for biologic products in Japan, as required under the provisions of the Preventive Vaccination Law, was so great that the ten licensed laboratories could not possibly supply the demand unless each laboratory produced at its maximum capacity. This step alone has resulted in tremendous individual product improvement and a natural competitive, but cooperative, spirit has developed between producers. Every conceivable form of encouragement has been given to all biologic producers in Japan by the Public Health and Welfare Section and by the officials of the Japanese Government concerned. Modern production methods have been distributed, discussion meetings and technical lectures have been held in an attempt to keep producers well informed of the developments of the biologic program and in an attempt to build a sound, efficient, aggressive and truly cooperative program, and relationship between the producing laboratory and the governmental agencies concerned. The results of current assay toward the end of 1949 together with the volume of material of good quality produced, indicate this program to be a complete success.

In the period March to December 1949, four additional fundamental regulations upon which to base the biologic program were promulgated. These regulations established terminology, conduct of laboratory affairs, dating periods, storage conditions, license procedure, form and content of labels and circulars, methods of sterility testing, and practical groupings for biologic products. In addition, minimum requirements were revised, or drawn up for the first time, and promulgated for typhoid-paratyphoid, pertussis, cholera, and smallpox vaccines, and BCG (dried) vaccine, tuberculin, and conditions for the maintenance of the BCG strain. In progress and nearing completion at the end of the year were new minimum requirements for diphtheria and tetanus toxoids, diphtheria and tetanus antitoxins, rabies, typhus, and plague vaccines, normal human plasma, normal human whole blood, re-suspended blood cells and blood grouping sera. All revised minimum requirements other than those for rabies vaccine and the human blood products were unofficially adopted and have been in constant usage since midsummer of 1949 even though they may not have been officially promulgated.

The improvement in the quality of biologic products in 1949 is illustrated by the fact that on re-assay of previously produced

biologics only 40% passed while of newly produced products 71% passed assay.

#### Status of Certain Individual Biologic Products

1. BCG vaccine (dried). The dried form of BCG vaccine was first released from assay for human use in September 1949. The first six months of the year were spent in converting from the production of wet vaccine to dry vaccine. Quantity of production is rapidly increasing. Minimum requirements for dried vaccine, for vaccine diluent, and for the care and maintenance of the BCG strain were promulgated in mid-summer of 1949.

2. Tuberculin O.T. Production of tuberculin was begun in late spring of 1949. There has been no shortage of this product. Minimum requirements were promulgated in mid-summer of 1949. It is believed that Japanese standard tuberculin is considerably weaker in strength than the International Standard tuberculin O.T. Studies are now in process to determine the comparative strengths of these two standards.

3. Smallpox vaccine. The improved quality of smallpox vaccine in 1949 is one of the outstanding accomplishments of the biologic program. Clinicians report that for the first time in their experience they are receiving 98% "takes" on primary vaccinations, using a one site scarification technique. Bacterial contamination of this product has been reduced to practically zero. Approximately 92,000,000 human doses of smallpox vaccine were produced in the period April to December. At the end of the year approximately 80,000,000 doses had passed assay, 8,000,000 doses had failed assay, and the balance of the material was in process of assay. Minimum requirements comparable to those in effect in the United States were promulgated in mid-summer 1949.

4. Typhoid vaccine. Considerable improvement in the quality of this product has taken place in 1949. This improvement is believed due to changes recommended in the technical production procedure. Revised minimum requirements for this product were in use unofficially from the spring of the year but were not officially promulgated until very late in the year.

5. Cholera vaccine. The status of cholera vaccine is identical to that of typhoid vaccine.

6. Pertussis vaccine. The quality of the pertussis vaccine produced in Japan in the past is believed to be extremely poor. Rigid minimum requirements became effective in late spring 1949. A modern production method was distributed to producers. Although there have been no large quantities of product produced, about twenty lots of the new product have been submitted for assay. The results of assay indicate this product to be excellent by modern standards. Very little pertussis vaccine was available for use in Japan in 1949. It is expected that adequate quantities of a good quality product will be available in 1950.

7. Diphtheria toxoid. Very little improvement has taken place in the quality of this product during 1949; yet probably more effort has been expended on improving this product than any other. Progress will be slow because of the time interval required for the production and testing of the product is quite long. Adequate supplies of a safe product have been available. Considerable improvement of supply and quality is anticipated for the year 1950. Unofficial new minimum requirements are in use.

8. Typhus vaccine. The quality of typhus vaccine produced in Japan is quite acceptable. This product, methods for its production and minimum requirements for the product, were introduced to Japan by Public Health and Welfare Section, earlier. Minor changes in the minimum requirements were made in 1949.

9. Diphtheria and tetanus antitoxins. Both of these products are unfiltered, unconcentrated, unrefined horse sera. An attempt is being made to improve the quality of these products.

10. Rabies vaccine. This product is the classical dried cord Pasteur type vaccine. Modern methods for the production and assay of rabies vaccine were introduced to Japan in 1949.

#### The Biologic Producers' Association

The Biologic Producers Association of Japan is a business-professional association whose membership is composed of representatives of the biologic laboratories. In the early part of the year, this group served as a constant source of inertia for the biologic program; however, as the year progressed and it became evident that progress was being made, and that the more restricted program served to benefit them financially, as well as improve the quality of their products, they became enthusiastic supporters of the program. Monthly informal discussion meetings are held with members of this association concerning problems inherent in the program and possible solutions to these problems.

#### Biologic Inspectors

Administrative aspects of the biologic program are handled at the local level by government inspectors. Many meetings, lectures, considerable correspondence, and one training course were necessary in an attempt to keep these people clearly informed of the changes in the program, with respective changes in the nature of the duties of inspectors. Toward the end of the year the inspection group appeared to be functioning smoothly.



### Antibiotics Program

The antibiotics program in Japan was very successful in 1949, with respect to the production of penicillin (See Supply Chapter 11). Plans have progressed for a number of firms to undertake the production of streptomycin, chloromycetin (both synthetic and fermentation forms), and aureomycin. These firms are technically qualified for this venture.

The existing minimum requirements for penicillin were revised, and the revised form, including all known forms of penicillin, was promulgated in the summer of 1949. Penicillin, as produced in Japan, is identical in quality to that produced in the United States.

Minimum requirements for streptomycin were adopted and promulgated in the fall of 1949. Minimum requirements for aureomycin and chloromycetin will be promulgated in the early months of 1950.

### National Drug and Cosmetic Program

The national drug and cosmetic program from the laboratory viewpoint includes all drugs other than antibiotics and biologics. The scope of the laboratory phase of this program is of such magnitude that the entire year has been spent in planning and setting up a system for the assay of every drug, cosmetic, and sanitary or medical device produced in Japan. The Ministry of Welfare, Japanese Government, is the responsible governmental agency and within this Ministry the National Hygienic Laboratory will serve as the assay agency and will be the technical authority for the program. Administrative problems will be handled by the Pharmaceutical and Supply Bureau of this Ministry. The assay of these items is scheduled to begin in April 1950. The assay of a number of previously designated drugs and devices has proceeded smoothly throughout the year.

### National Institute of Health (NIH)

The National Institute of Health serves as the technical governmental authority of the biologics and antibiotics programs, conducts and coordinates research in preventive medicine and public health at the national level, and is the national diagnostic center for the public health laboratory system, with responsibility for the technical activities of this system. Thus, the activities of this Institute have been extremely broad during 1949. No attempt will be made to describe all of them but only to point out some of its more important difficulties and contributions.

In planning for the reessay program (see Biologics Program) and for the assay of newly produced biologic products, it was necessary to completely reorganize the Institute on a temporary basis. This was



done in order to increase the number of personnel available to conduct the reassay of biologic products in a minimum period of time without increasing the size of the permanent staff. Thus, all research work being conducted by individuals qualified to assay biologic products was suspended. Short training courses were given to all personnel to be engaged in biologic assay. Streamlined specialization units were permanently established, each of these having a specific function.

After the personnel reorganization and training projects were completed, the actual assay of products was begun. With minor exceptions, this phase of the program was carried out exceptionally well. The over-all assay program was seriously and continuously hampered by shortages of supplies, particularly guinea pigs. It was estimated that 5,000 guinea pigs monthly would be needed to conduct the assay of biologic products. In the spring of 1949 the shortage was so acute that at one point twenty thousand guinea pigs were needed to assay the products ready for animal test. Ten thousand guinea pigs for this purpose were imported from the United States.

The scope of the assay program is best summarized by Table II. This record could have been improved had additional guinea pigs been available.

Table II

| Biologic Product               | No. Lot of<br>Samples<br>Received | Total<br>Lots<br>Passed | Total No.<br>of Lots<br>Failed<br>Assay | Total<br>No. of<br>Lots<br>Decided | No. Lots<br>in Process<br>of Assay |
|--------------------------------|-----------------------------------|-------------------------|-----------------------------------------|------------------------------------|------------------------------------|
| Typhoid-Paratyphoid<br>Vaccine | 1916                              | 797                     | 214                                     | 1011                               | 905                                |
| Typhus Vaccine                 | 220                               | 112                     | 88                                      | 200                                | 20                                 |
| Diphtheria Toxoid              | 956                               | 153                     | 436                                     | 589                                | 367                                |
| Tetanus Antitoxin              | 158                               | 100                     | 9                                       | 109                                | 49                                 |
| Diphtheria Anti-<br>toxin      | 180                               | 124                     | 32                                      | 156                                | 24                                 |
| Smallpox Vaccine               | 970                               | 791                     | 96                                      | 887                                | 83                                 |
| Cholera Vaccine                | 72                                | 8                       | 10                                      | 18                                 | 54                                 |
| BCG Vaccine (dried)            | 608                               | 153                     | 37                                      | 190                                | 418                                |
| Tuberculin O.T.                | 233                               | 132                     | 3                                       | 135                                | 98                                 |
| BCG Vaccine Diluent            | 71                                | 40                      | 1                                       | 41                                 | 30                                 |
| Pertussis Vaccine              | 39                                | 12                      | 21                                      | 33                                 | 6                                  |
| Weilshe Anti Serum             | 1                                 | 1                       |                                         | 1                                  |                                    |
| Influenza Vaccine              | 7                                 |                         |                                         |                                    | 7                                  |
|                                | <u>5431</u>                       | <u>2423</u>             | <u>947</u>                              | <u>3370</u>                        | <u>2061</u>                        |

The National Institute of Health also played a major role in, (1) writing and rewriting regulations and minimum requirements for biologic products; (2) training personnel for prefectural health department laboratories; (3) the organization and function of the Standard Methods Committee; (4) the inspection of all biologic laboratories in Japan; and (5) dissemination of information for the improvement of biologics to producers. Certain specific research programs considered as vital to the Japanese people were conducted. In order

to prevent serious errors and deficiencies, it has been necessary to supervise the activities of the National Institute of Health and affiliated governmental agencies, even to the extent of reviewing the protocols of assay and approving or rejecting the assay of every lot of biologic product submitted for assay in 1949.

### National Hygienic Laboratory

The National Hygienic Laboratory was organized in the 19th Century to do research on drugs produced in Japan. The laboratory was completely destroyed during the war. After the war it was assigned quarters in a former Japanese Army Medical Depot. These quarters had also been badly bombed and, in addition, the property and equipment was in part listed as reparations property.

In 1948-1949 considerable remodeling of the property was accomplished and a fairly adequate supply of equipment was obtained. A number of drugs, chemicals, medical devices, and foods for export have previously been specifically designated for assay by this laboratory. No attempt had been made to conduct a program of the same type and of the same scale as the biologic assay program. However, early in 1949 the planning for such a program was begun.

The first step which was taken toward the development of a large scale drug, cosmetic and medical device assay program was to completely reorganize the personnel of the National Hygienic Laboratory in March 1949. Three departments, with specialized laboratories, were established; namely department of research, department of assay, and department of administration. After reorganization of the laboratory had been completed, the entire attention of all personnel, not already engaged in essential assay, was directed to the standardization of methods of analysis of drugs, cosmetics, etc., and to the establishment of standards for those items for which standards did not exist. In many cases material standards and methods of analysis were obtained from organizations in the United States, such as the Food and Drug Administration, Toilet Goods Manufacturers' Association, the United States Pharmacopeia Committee, etc.

Plans for the National Hygienic Laboratory have been completed. A program to screen assay all drugs, cosmetics, and devices produced in Japan has been completed and will commence in April 1950. Many problems obviously lie ahead. The National Hygienic Laboratory and other governmental agencies concerned will receive the greatest possible assistance during 1950.

For further details in regard to the Biologic, Antibiotics and Drug Programs with reference to production, supply and distribution, refer to Chapter 11, Supply.

The Institute of Public Health (IPH)

During 1949 the training program was continued along the lines proposed by the Public Health and Welfare Section when the Institute was reorganized in 1947. Short courses lasting from two to four months were given for various categories of personnel needed to staff the expanding Japanese health organization. During 1949, 1,036 persons were trained in these courses.

| <u>Course</u>           | <u>Duration</u> | <u>Courses Completed</u><br><u>During 1949</u> |                  |
|-------------------------|-----------------|------------------------------------------------|------------------|
|                         |                 | <u>No.</u>                                     | <u>Graduates</u> |
| Medical Health Officers | 3 months        | 4                                              | 153              |
| Sanitarians             | 3 "             | 4                                              | 183              |
| Sanitary Engineers      | 3 "             | 3                                              | 64               |
| Public Health Nurses    | 4 "             | 3                                              | 170              |
| Veterinarians           | 2 "             | 4                                              | 170              |
| Nutritionists           | 2 "             | 4                                              | 169              |
| Pharmacists             | 2 "             | 3                                              | 98               |
| Laboratory Technicians  | 2 "             | 1                                              | 29               |
| Total                   |                 | 26                                             | 1036             |

In July a regular course for medical health officers was instituted to give more complete instruction in public health subjects. This course will last nine months and includes two months of practical work in health centers. Only eight students registered, but at least a start was made toward more adequate training of health officials.

In addition to the above courses, four special short courses, lasting one or two weeks, were given in February and March for the personnel in model health centers in charge of medical social work, central hygiene, communicable disease control and laboratory work. A total of 186 persons attended. In April another special one-week course was held for 50 pharmaceutical inspectors from prefectural health departments.

At the beginning of the fiscal year in April, a Department of Public Health Demography was created to deal with the public health aspects of the population problem. In August a one-week course in methods of contraception was given for 50 physicians from model health centers. This was the first such course to be given in Japan and was held to aid health centers in carrying out the functions of family planning provided in the Eugenics Protection Law.

A grant of \$2,000 from the International Health Division of the Rockefeller Foundation was used to purchase books, periodicals and teaching aids for the Institute. The library subscribed to 58 foreign public health journals and purchased approximately 200 books from abroad. Also, part of the grant was used to equip the health museum.

Future plans call for continuation of the present program of short "refresher" courses with adaptation of the types and contents to meet the need for trained personnel in the nation-wide public health



organization. Attempt will be made to give more emphasis to the full year course for medical health officers, and to expand and improve all educational facilities.

## Public Health and Welfare Information and Education

### Information Program

The Information Unit, established in the Ministry of Welfare in April 1948 was expanded during 1949 to include five active branches, namely: The Planning Branch, Press and Magazine Branch, Publication Branch, Broadcasting Branch and Visual Aids Branch.

An information organization has been established in 38 of the 46 prefectures in which 451 persons are employed. In addition, the great majority of the 46 model health centers and many of the smaller health centers employ persons specifically for public health information and education work.

In order to assist in the coordination of the information program, a "Quarterly Plan of Information Activities" was prepared by the Information Unit of the Ministry of Welfare, and distributed to all agencies concerned as a guide in planning public health and welfare information activities at all levels. In addition, "Information News", a bi-monthly publication was also distributed. This booklet contained detailed information to further implement the information program. All media of transmission were utilized in bringing to the public up-to-date factual information pertaining to public health and welfare.

In June 1949 an Information Training Institute was established, designed to "advise the chiefs and specialists of Japanese Central Government information agencies in better techniques relating to the use of media, the preparation of materials, the practice of public relations, and liaison with prefecture agencies." This institute conducted weekly sessions from 12 July through October 1949.

Unit members received additional guidance and instruction from Occupation officials and staff members of the Broadcasting Corporation of Japan and the larger newspapers.

### The School Health Program

In past years health education in the schools was under the general supervision of the Ministry of Education, and consisted of physical training with little actual health instruction. The health centers, as they were organized at that time, however, did offer "guidance and instruction" in tuberculosis care and maternal and child hygiene.



With the development of the new health center system and with the establishment of prefectural and local school boards of education, the question of the transference of certain specific health functions from the Ministry of Education to the Ministry of Welfare was reopened for discussion. As a result of a series of conferences beginning in late February 1949 between the Ministry of Welfare, the Ministry of Education, Civil Information and Education, and Public Health and Welfare Sections of GHQ, SCAP, a draft of a proposed amendment to the Board of Education Law (Law 170) was prepared and presented to the Diet in October 1949. Action is still pending but passage is expected by March 1950.

Following passage of the amended Board of Education Law, a Cabinet Ordinance prepared jointly by the Ministry of Welfare and the Ministry of Education will be issued.

During the year 1949, regional conferences for health educational activities were held throughout Japan in order to orient prefectural officials on coming events, to stimulate interest in the school health program, to present techniques of presentation, and to secure closer cooperation between health and education personnel.

General plans for education activities for the coming year include organization of an Education Sub-section as part of the proposed Information and Education Section of the Ministry of Welfare, institution of sound school health and adult health educational programs based on the provisions of the amended Board of Education Law and the proposed Cabinet Ordinance, continuation of regional conferences and local training meetings, and the establishment of a 2-month course for health educators at the Institute of Public Health.

#### Reduction in Death Rate

The mean crude death rate has been further reduced from 12.0 per 1,000 population in 1948 to 11.6 in 1949.

### Chapter 3

#### HEALTH AND WELFARE STATISTICS

**Note:** The following data pertains to the more important activities of this program in 1949. An extensive analysis of the health and welfare statistics will be found in the Annex published in conjunction with this summary.

#### Revision of International List of Causes of Death, Injuries and Accidents and of the Manual for Selecting the Underlying Cause of Death

In February, the Council on the Statistical Classification of Causes of Death, Diseases and Injuries was organized in the Ministry of Welfare to continue and expand the work begun in the previous year by a committee which was terminated in 1948. The Council has four subcommittees; Classification, Tabular List, Joint Causes of Death and Medical Certification of Death. In addition, a special committee on Medical Terminology was organized in the Japan Medical Association.

On 30 August, the Sixth Revision of the International List was adopted by the Ministry of Welfare. In some instances it contains a more detailed classification to meet special requirements of Japan than the International List adopted by the World Health Organization. In all such cases provision has been made to combine the titles to agree with the latter so that international comparability can be maintained. After the Japanese List was prepared, copies of it were printed and furnished to all prefectural governments for distribution to the health centers and all physicians.

#### Coding Underlying Causes of Death

On 1 January 1947, the Ministry of Welfare began coding the underlying cause of death according to the Joint Cause of Death Selection used in the United States. It continued to use this method for the 3-year period 1947-1949. All coding was checked each month for accuracy and records have been kept of each nosologist. In the last quarter of 1949, the percent of errors ranged from zero to 3.5, with an average of 0.9. Some of the newly acquired personnel were responsible for the higher percents. Much improvement has been made in the coding as the average of (0.9) less than one percent indicates. All coding is verified by experienced coders.

#### Life Tables

Studies are being made on the possibility of developing an improved method for the preparation of a life table which requires only one graduation of the data compared to the conventional one of two graduations. It is expected that the results will be available early next year. However a life table was completed (Greville method) for 1947. The mean expectation of life of males at birth was 50.06 years; for

females, 53.96 years.

This shows considerable improvement over life expectations recorded in previous years. For males the life expectation at birth in 1935-1936 was 46.92; in 1926-1930, 44.82; in 1921-1925, 42.06; in 1913, 44.25 and in 1899-1903, 43.97. Correspondingly for females in 1935-1936 it was 49.63; in 1926-1930, 46.54; 1921-1925, 43.20; in 1908-1913, 44.73 and in 1899-1903, 44.85.

#### Epidemiological Case Card and Schedule Form

A national, uniform epidemiological record keeping system was established in each prefecture and placed in operation on 1 January 1948. It had its origin in 1947, but went through several revisions before was finally placed in operation. There are four case card forms. One of them is for cholera, dysentery, ekiri, typhoid fever and paratyph fever. Another is for smallpox, typhus fever, scarlet fever, diphtheria, cerebrospinal meningitis, plague and Japanese "B" encephalitis. The third form is for tuberculosis and a fourth for venereal diseases.

These forms are prepared and maintained in the health centers. From them certain data are transcribed each month to transcript forms which are forwarded to the prefectural health department and from there to the Ministry of Welfare.

The schedule forms contain the identification number of the health center so that data may be readily tabulated for such areas or combinations of them should an epidemic occur.

#### Training Programs

Since the first "6-weeks training course" conducted by the Ministry of Welfare in health statistics began on 4 October 1948, 299 persons have completed the course. Of that number, 156 were employed in prefectural health statistics offices, 100 in health statistics offices in health centers and 43 were from the Ministry of Welfare. During 1949, of the 182 persons completing this course, 79 were from the prefectures, 75 from health centers and 28 from the Ministry of Welfare. There have been five 6-week courses.

The first "one-week training course" in health statistics began on 21 March 1949, 757 persons having completed the course to date. Of that number 105 were employed in prefectural health statistics offices and 652 in health center statistics offices.

Plans were made to extend the 6-week courses to 8 weeks with the Institute of Public Health the responsible training agency. It is estimated that all personnel in the prefectural health statistics office will have completed this course by the end of next year. At the end of 1949 there were approximately 1,500 health statistics employees in the health statistics divisions of some 674 health centers and 322 in the 46 prefectural health statistics offices in the prefectural health departments.

During 1949, 13 training conferences were held in the 8 regional areas of Japan. Although of only 4 or 5 days duration, they helped to



stimulate interest in the local communities with the result that many health centers were able to obtain more personnel for health statistics work. Those who attended were inspired to improve the work now being done. The office of the Attorney General cooperated with the Ministry of Welfare through the attendance of the chiefs of its legal bureaus in the field and also by many local registration (Koseki) officials. Approximately 40% of those in attendance are estimated to have had a primary interest in civil registration. The opportunity was used to instruct local registration officials concerning the preparation of transcripts of data to be prepared and sent to health centers.

Use was made of radio, newspapers and magazines in an effort to reduce the number of registrations made in January which should have been made in December.

Within the Health and Welfare Statistics Division of the Ministry of Welfare in-service training was given. Several classes were conducted by an expert soroban operator to improve the efficiency of the clerks. Intensive training was given coding clerks on the use of the Joint Cause of Death Manual and The International List of Causes of Death. Classes were conducted for key punch machine operators and for the operation of card counting sorters. General lectures were given employees on health statistics.

Plans were instituted to send two employees of the Analysis and Reports Section of the Health and Welfare Statistics Division to the United States for graduate training in a school of public health.

#### National Advisory Councils

On 1 April 1947, the first meeting of the National Advisory Committee on Health Statistics to the Ministry of Welfare was held. By the end of 1949, there had been 13 such meetings. At the time of the reorganization of the Ministry of Welfare on 1 June 1949, the Council was provided for under the Ministry Establishment Law and placed on a legal basis.

This council is composed of able men both from within the Ministry of Welfare and without. It includes men of professional interests in health and welfare and closely related fields. Its sub-committees supplied the Ministry with helpful information in 1949 and in particular concerning the revision of the International List of Causes of Death.

In 1949 responsibilities concerning social affairs and childrens work were added to the Council and suitable members were appointed to represent these professional fields.

On 24 October 1946, the first meeting of the National Advisory Committee on the Registration of Vital Events (live births, deaths, marriages and divorces) was held. By the end of 1949, fifteen meetings had been held. The Committee is composed of a small number of selected chiefs of the Koseki Divisions of the Legal Affairs Offices, and chiefs of local registration (Koseki) offices. Most of them are from Tokyo-to and the surrounding prefectures, although there are 2



representatives from Osaka. Both registration and legal problems are studied for the different geographic areas. They were very helpful concerning many registration problems and in particular the revision of the national registration forms.

#### Annual Report of Vital Statistics

A comprehensive 8-volume annual report of vital statistics for 1947 was published in December 1949. This marked the first time an annual report on vital statistics had been published since 1943.

#### Surveys and Special Studies

Although a great deal of time is required to tabulate and analyze regular weekly, monthly, quarterly and annual reports, progress has been made in making surveys and special studies. In the latter part of 1947 and 1948, pilot studies were run as a preliminary to the Medical Care Survey conducted in 1949. Three out of four parts were completed as follows: Family Sickness, Admissions and Use of Hospitals, and Fees Charged for Various Services in Hospitals. It is expected that analysis of these data will be published early in 1950.

Four of the regular quarterly nutrition surveys were carried out in 1949. Other studies completed included: Statistical Observations on the Cause of Spontaneous Stillbirth and Induced Interruption of Pregnancy; Suicide, Cancer and Malignant Tumors; Fluctuation in Mortality Rates, 1900-1948; Marriage and Divorce; Preliminary Consideration of B.C.G.; Family Composition; Birth Rates by Age of Mother in 1947; Correlation Between Place of Onset and Place of Death for Tuberculosis; Census of Physicians and Dentists. In addition to these, assistance was furnished several of the Bureaus in the Ministry of Welfare in the design of studies conducted by them on such subjects as: Cost of Living and Public Assistance, and Fees Charged for Medical Services in Insurance System.

#### Completeness of Registration

In 1949 the average percent completeness of the registration of live births was 98.8. This represents a marked increase above the figure (96.1) for July 1947 when the check was first introduced. Correspondingly, the percents for deaths were 99.7 and 98.7 and for stillbirths, 99.4 and 96.4.

The percent completeness of live births attended by midwives has definitely exceeded that by physicians. However, in 1949 the difference had grown much less than it was in 1947. Decreases recorded each year in the percents for December are more apparent than real and are believed to be the result of registration practices of making some December registrations of events as though they had occurred in January. The magnitude of the decreases has grown smaller each year which is believed to be due in part to the educational program. With the passage of the law which changed the Japanese manner of counting age, that part of the incentive to make registrations in January which may be attributed to it will not be present in 1950.

Percents of completeness in September-November 1949 were the same (99.0) and the highest recorded since these data have been collected. For deaths, 99.8 percent was the highest point reached in 1949, being recorded in each of five months. For stillbirths, the highest point reached in 1949 was 99.6 in September. However 99.5 was recorded in each of several months. (Ref Charts 16, 17 and 18)

The ratio which forms the basis for the percent completeness is obtained from dividing the number of events registered by the number reported by the attendant.

#### Local Registration Offices

The National Government has never paid any part of the expense of operating local registration offices, in spite of the fact its vital statistics are directly dependent upon registrations of births, deaths, stillbirths, marriages and divorces. The fact that each city, town and village has had to pay the entire cost has made it very difficult to adequately equip and maintain them. It was not until the local governments were permitted in 1948 to pass the Local Distribution Tax that any money was specifically provided for this purpose. Even then the fraction of the amount collected which was allowed to be spent for this work was wholly inadequate. This was also true in 1949.

When the expected new national tax plan with the "equalization fund" is placed in operation, in 1950, it will be the first time that the national government has ever shared in the expense of such work. Such important work merits its full cooperation so that all local registration offices shall be staffed with competent personnel and properly equipped to provide the services which are expected of them.

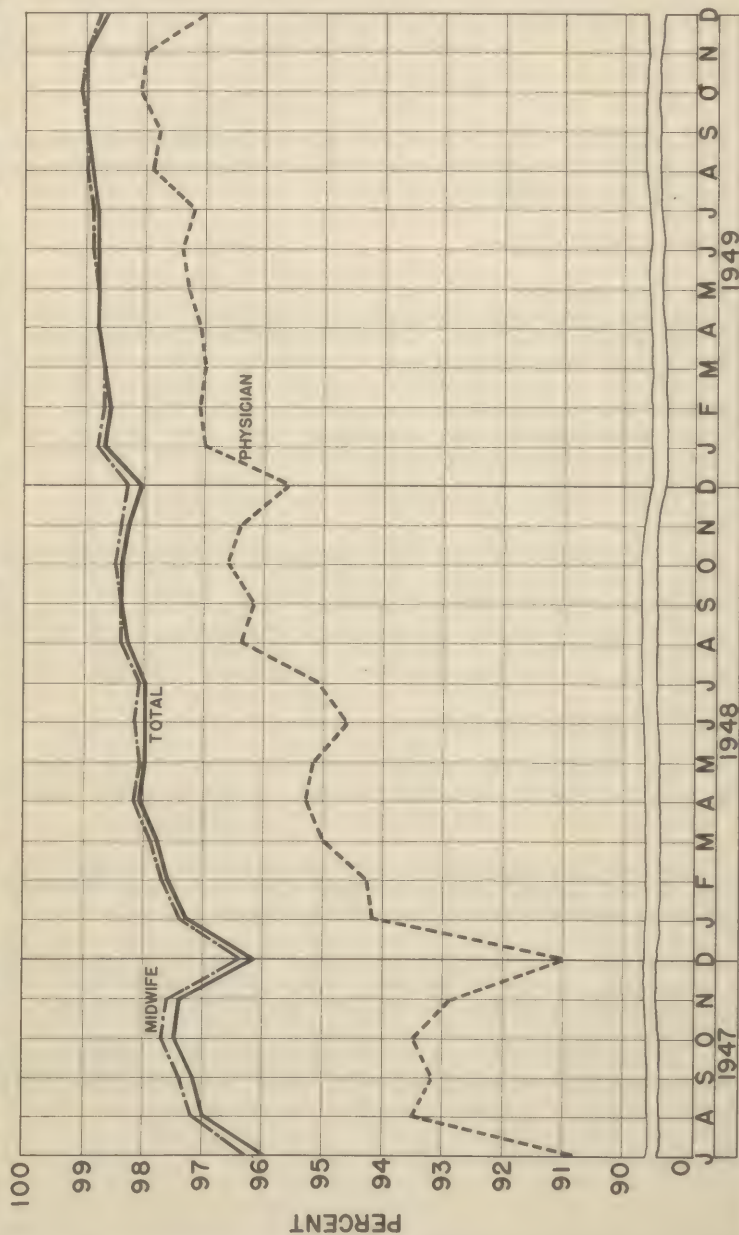
#### Revision of Registration Forms

In 1949 the forms to be used to declare live births, deaths, marriages and divorces in 1950 were revised. It is expected that they will continue in use in the new format until 1960.

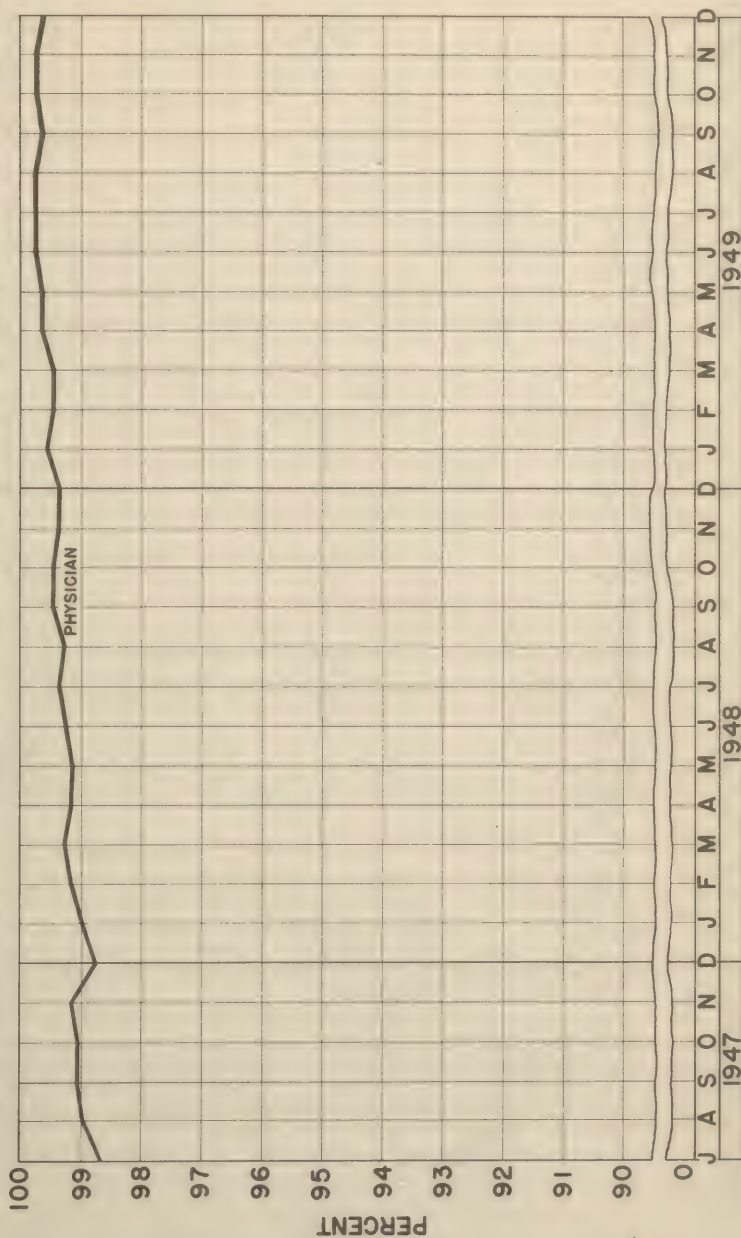
The transcript forms which are used to provide the Ministry of Welfare with vital statistics data were also revised in accordance with changes made on the original registration forms.

The medical certification of cause of death on the registration form for deaths was worded to meet the standards recommended by World Health Organization in the recent revision of the International List of Diseases, Injuries and Causes of Death. The question of whether health certificates for freedom from venereal diseases were exchanged before the marriage ceremony was added to the marriage registration form.

# COMPLETENESS OF BIRTH REGISTRATION: JAPAN, 1947-1949



# COMPLETENESS OF DEATH REGISTRATION: JAPAN, 1947-1949





# COMPLETENESS OF STILLBIRTH REGISTRATION: JAPAN, 1947-1949



## Chapter 4

### MEDICAL CARE

#### Medical Education

During 1949 effort was directed towards improvement of medical school teaching curricula and methods of presentation. Sufficient time having elapsed since the institution of national examinations for medical licensure, an analysis of the results of previous examinations was made in order to determine evidence of weakness or strength in the various subjects covered, with the view in mind that curricular content and teaching methods could be adjusted to strengthen those courses showing uniformly low grades. The Council on Medical Education, through the medical school inspectors, called these weaknesses to the attention of all university medical schools. The results of the 7th national examination in November 1949, if taken as an index of the success of the analysis, show that whereas in 1948, only 59% of the candidates passed the examination, in November 1949, 75% successfully completed the prescribed tests with a decided improvement in those subjects where weaknesses formerly existed.

A grant from the Medical Science Division of the Rockefeller Foundation made it possible to send the Chairman of the Council on Medical Education of the Japan Medical Association to the United States in September for a period of four months for the purpose of making an on-the-spot study of American medical educational methods.

Through efforts of the Council on Medical Education, 5% of the available space in the first year of Japanese medical schools has been reserved for the reception of foreign students from outside Japan.

#### Hospital Administration

The medical inspector system leading to the classification of all hospitals in Japan, as established by the Medical Service Law (July 1948) has been 90% completed. Hospitals are classified as "A", "B", "C" or "D" depending upon how well they meet the minimum standards as prescribed in the Law. Inspection and classification is based upon personnel, physical facilities, equipment and management. As a result of these inspections, improvement has been noted in many phases of hospital operation. Recent inspections have revealed that there are less visitors to patients outside of established visiting hours, central kitchens are in operation, and the general level of sanitation has been improved.

The elimination of the less than 10-bed hospitals, to be completed within a 5-year period, has been progressing satisfactorily. It is estimated that in the Tokyo area alone, about 30% of the small hospitals have already increased their facilities to comply with the Medical Service Law.

There has been a steady increase in the number of hospitals as well as hospital beds during 1949 (Ref. Chart 19). As of December, there were 3,136 hospitals of over 20 beds, with a bed capacity of 253,506. Included in this total are 82,069 beds available for the treatment of tuberculosis. Comparability of 1949 data with those reported for previous years is affected by two changes during 1948 in the type of hospitals included. Through May 1948 hospital reports included all those having ten or more beds exclusive of tuberculosis sanatoria and leprosaria. In June 1948 sanatoria and leprosaria were included. In November 1948 and thereafter, reporting was restricted to hospitals, including sanatoria and leprosaria of 20 or more beds. This results in two marked changes in the numbers reported during the period June-November 1948 (See shaded area, Chart 19).

The adoption of minimum hospital standards created a need to establish a consultative service whereby those desirous of establishing a new hospital could receive advice concerning hospital construction. In the latter part of 1949, the Ministry of Welfare succeeded in setting up an architectural advisory group headed by one of Japan's leading hospital architects and made provision for this service in its proposed 1950 budget.

The group is currently engaged in preparing blueprints of model hospital plans to be made available to all institutions.

Organization of national hospital and sanatoria patients into associations gained considerable momentum during 1949 and conferences were held with organization leaders, hospital directors and Ministry officials to determine what steps were necessary to control the activities of these bodies, which were interfering with proper administration and treatment in hospitals. The matter has resolved itself satisfactorily, through discussions and subsequent instructions issued by the Ministry of Welfare outlining activities desirable for such groups, and has resulted in these organizations confining their activities to cultural and recreational interests of hospital patients.

The movement to establish blood banks in Japan received considerable impetus with the provision of funds by the American Red Cross, permitting a qualified Japanese physician to make a thorough study of the organization and operation of the blood bank system in the United States.

### The School of Hospital Administration

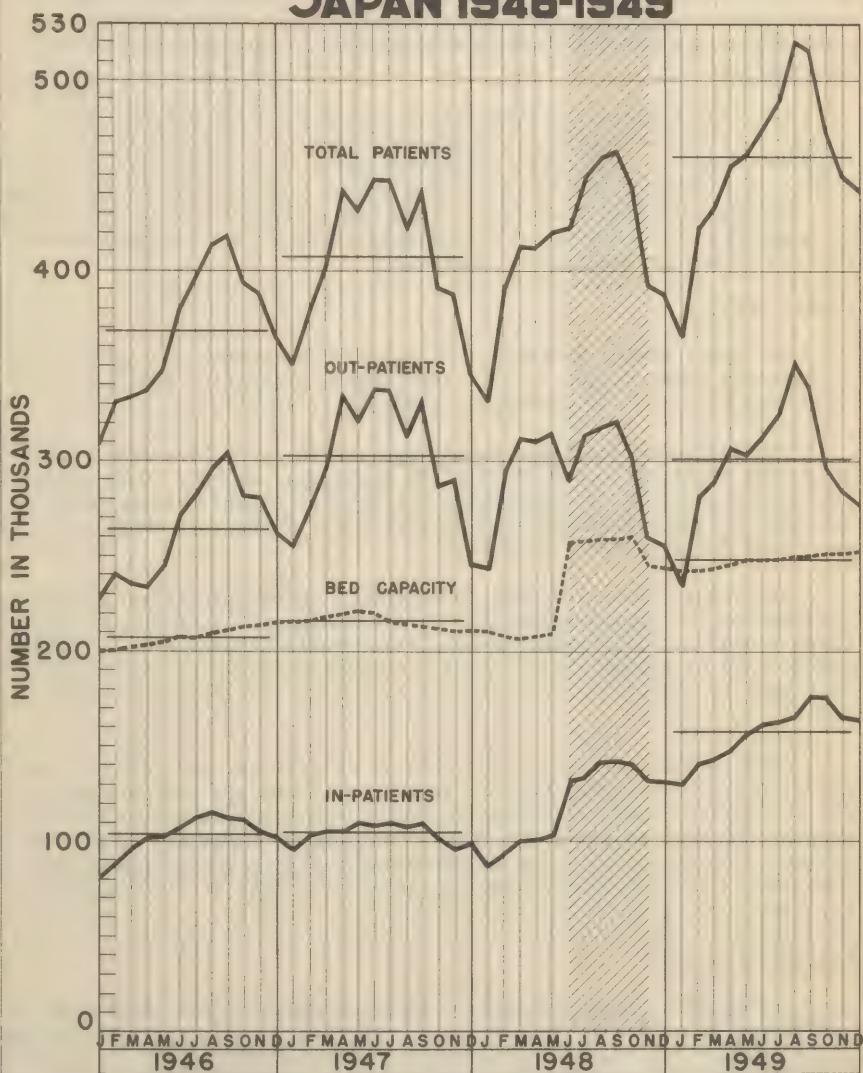
The School of Hospital Administration continued in operation during 1949, receiving enthusiastic and encouraging support. Applications were received from every prefecture in Japan in number far in excess of space available. Young physicians are evidencing considerable interest in this phase of medical endeavor. During the year 299 directors and business managers received instruction in modern methods of hospital administration.

### Medical Literature

Through a system of exchange of medical texts and journals by the U. S. Army Medical Library and the Japan Medical Library Association,



# HOSPITAL PATIENTS AND BED CAPACITY JAPAN 1946-1949



(19) PH&W/HS CHART NO. B-181 4-4-1950



several thousand English texts were received in Japan. A grant of \$40,000 from the Rockefeller Foundation, provided reference libraries of 80 recent American Texts and two year subscriptions of 30 selected current medical journals for twenty medical schools throughout Japan selected by the Council on Medical Education of the Japanese Medical Association.

The Japanese Medical Association itself received a donation of 1-year subscriptions from the American Medical Association to all journals published by that organization. These publications have been placed in a newly established library in the headquarters of the Japanese Medical Association, which already has collected a number of volumes of magazines and texts to be made available to all physicians, whether members of the Association or otherwise.

### Dental Affairs

The eight dental colleges in Japan were inspected during 1949 and two schools which failed to meet the minimum standards required for temporary elevation to university status were closed.

The six dental colleges remaining were raised to temporary university rank pending final accreditation beginning in 1951. Outstanding among these schools is the Fukuoka Prefectural Dental College which at the time of inspection was able to meet the requirements expected to be the basis for final accreditation.

Pre-dental education will be conducted in the preparatory schools attached to the dental university (junior college) for the next year. These schools will be required to elevate their standards to university level or to be closed at this time. After 1951 all pre-dental education will be obtained as a part of the regular four year university course.

Seven dental hygienist schools were established according to the provisions of the Dental Hygienists Law. Six schools are operated under the jurisdiction of the Dental Section of the Ministry of Welfare and one, located at the Tokyo Dental College, is conducted under the jurisdiction of the Ministry of Education. Eighty-two students are enrolled in the one year course of training leading to the examination for licensure as dental hygienists.

### Projects for 1950

During 1950 it is planned to stress curriculum content leading to a revision of substance of courses in order to present essential material as used in the medical schools of the United States.

In the field of hospital administration, steps will be taken through the Japanese Medical Association to establish standards for hospitals in excess of the minimum standards specified in the Medical Service Law, and to attempt accreditation of hospitals by the Japanese Medical Association in conformity with these proposed standards. It is also planned to revise the content and curriculum of courses at the School of Hospital Administration and increase the number of beds in

national leprosaria, mental institutions and national hospital and tuberculosis sanatoria.

Positive efforts will be taken to actively attempt the relocating of physicians in Japan to provide adequate medical service in each area of the nation. Legislation regulating blood transfusions is also contemplated.

## Chapter 5

### NURSING ACTIVITIES

During 1949 considerable progress was made in the nursing program. The Nursing Section of the Ministry of Welfare (established June 1948) as well as the Japanese Midwives, Clinical Nurses and Public Health Nurses Association (established November 1946) have been very active in program planning and in guiding and supervising the affairs of nurses and midwives.

#### The Nursing Section, Ministry of Welfare

In the short time of its existence the Nursing Section of the Ministry of Welfare has become a fairly strong organization consisting at present of a staff of ten nurses and midwives and three non-professional workers. The section now handles all matters concerning the education and practice of nurses and midwives. In 44 of the 46 prefectures, nursing sections or divisions have been established within the framework of the health department to supervise and guide the activities of nurses, public health nurses and midwives.

#### Japanese Midwives, Clinical Nurses and Public Health Nurses Association

The Japanese Midwives, Clinical Nurses and Public Health Nurses Association has developed into an adequately functioning organization whose activities are managed wholly by its members. In March 1949 national headquarters were established in Tokyo, and in August 1949 a full time executive secretary was appointed to handle all administrative affairs of the Association. During the year the membership increased to 79,543 members. Branch associations patterned after the national organization have been established in all of the 46 prefectures. The Association has been publishing its own professional official organ, "Nursing" since July 1949. This journal, embodying the activities and interests of nurses, public health nurses and midwives had at the end of 1949 a monthly circulation of 11,000. Through the Association Japan was re-admitted as a member country of the International Council of Nurses. This recognition is proof of the progress which has been made in nursing since 1939 when Japan was refused continuing membership in this international body because of inadequate nursing standards and association performance. Throughout the year the Association has sponsored numerous conferences and short courses and has interested itself in the many and varied problems of nursing and midwifery.

#### The Nursing Law

In May 1949, Ministries of Education and Welfare Ordinance No. 1 was promulgated setting up the regulations for class A and B, public health nursing and midwifery schools. In July, Cabinet Order No. 212 and No. 213 were issued establishing, under the jurisdiction of the

Ministry of Welfare, the National Nursing Council of 15 members selected from the fields of nursing, midwifery, medicine, public health and education and the National Examination Committee composed of 54 members selected from the same fields as the council members but functioning as nine regional committees of six members each. These two bodies are concerned with the authorization of nursing and midwifery schools and with the development and enforcement of a system of examination, licensure and registration of nurses and midwives. During 1949 the system of examination and authorization of nursing schools was established by the National Nursing Council; an accrediting plan was developed in detail by a sub-committee of the council, and is being used as a basis for evaluating nursing schools throughout Japan. The current program of grading nursing schools by evaluation through visiting the institution, as well as through the study of written reports, is considerably different from the former system of authorization when schools were graded solely through the evaluation of reports covering very minimum requirements.

### Nursing Education

#### Demonstration Schools

The three demonstration schools of nursing have continued to function as teaching centers under the supervision of American nursing personnel. The Demonstration School of the Red Cross Hospital in Tokyo, established in 1946, graduated its first class of nurses trained under the new three-year nursing program in April 1949. One hundred and eighteen students are currently enrolled. Seventy students are enrolled in the Demonstration School of the First National Hospital in Tokyo and 67 in the National Hospital School in Okayama. All of these schools have served as teaching centers to other hospitals in their area seeking assistance in the development of nursing schools.

#### Refresher Courses

During 1949 numerous refresher courses for nurses and midwives have been given on national, regional and prefectural levels; in addition in-service training programs in hospitals and health centers were held throughout Japan. One hundred and one directors of nurses and nursing instructors, 295 public health nursing supervisors, 187 midwives in administrative positions received training in national refresher courses while approximately 10,000 nurses, public health nurses and midwives registered in various regional or prefectural training programs.

Three national public health nursing courses were held in Tokyo in 1949. The four-month refresher courses for public health nurses has been held continuously since April 1947 at the Institute of Public Health. One hundred and seventy nurses from health centers and municipal and prefectural health departments completed this course in 1949



bringing the total of nurses trained in this program since its beginning to 483. The Anti-Tuberculosis Association has continued its training program for nurses working in tuberculosis programs; 75 nurses completed this course in 1949 bringing the total of nurses trained under this program since its reopening in 1947 to 134. In March 1949 a one-month workshop was conducted in Tokyo for the purpose of giving assistance to prospective teachers of five-month public health nursing courses which were to commence in each prefecture in July; 46 nurses were enrolled in this workshop. The opening of these courses was necessitated by the passing of an amendment to existing public health nursing regulations requiring prospective public health nurses to receive a five-month training preliminary to making application to take the prefectural public health nursing examination. Forty-six such courses were established in Japan in 1949. These five-month courses will remain in operation until August 1951, after which time only one-year public health nursing schools established in accordance with the Nurse, Public Health Nurse & Midwife Law No. 203 (July 1948) will be permitted to enroll students.

Two national clinical nursing refresher courses were held in Tokyo in 1949 for the purpose of giving assistance to instructors of the proposed A and B schools of nursing which are being organized in conformity with the Public Health Nurse, Midwife and Nurse Law. Both were of four-months duration. One hundred and one nurses received didactic work, practice teaching and practical ward experience under these programs of instruction.

Six national midwifery courses were held in Tokyo in 1949. Two were sponsored by the Maternal & Child Hygiene Section of the Ministry of Welfare and held at the Aiku-Kai Institute. These courses, of two-months duration, included theoretical and practical work in prenatal, postnatal and delivery care. Fifty-three midwives were registered. Two short midwifery courses of one-week's duration were sponsored by the Midwifery Branch of the Japanese Midwives, Clinical Nurses and Public Health Nurses Association, 87 midwives having enrolled in these courses. Two short preparatory courses for teaching mothers classes were offered to midwives and were of two days duration with a total of 47 midwives enrolled. On completion of these courses on the national level the participants returned to their respective prefectures and repeated the course to the local midwives who were encouraged to organize "Mothers Classes" in their localities.

### Textbooks

Four nursing books were written by SCAP Nursing personnel, translated and published in 1949 and seven American texts were translated and published, bringing the total of nursing books and booklets translated or written to 22.

### Study Abroad

During the year four nurses completed a year's course of study in the United States or Canada under scholarships of the Rockefeller Foundation; three nurses were sent abroad under scholarships offered by the same organization. One nurse was sent to the United States for observation and study under the sponsorship of the American Red Cross Society. One nurse-midwife was given six months of study and observation of maternity programs in the United States through funds provided by Christian Mission Boards.

### Future Programs

In 1950 continued supervision will be given over the established nursing programs with particular emphasis on strengthening the national and prefectural nursing section/division established in the Ministry of Welfare and prefectural health departments, strengthening the Japanese Midwives, Clinical Nurses and Public Health Nurses Association and its 46 Branch Associations, and implementation of the Public Health Nurse, Midwife and Nurses Law in order that the accreditation of an adequate number of schools of nursing to meet nursing requirements of Japan may be accomplished. Emphasis will also be placed on the procedure governing the national system of examination, licensure and registration of nurses, public health nurses and midwives.

## Chapter 6

### VETERINARY AFFAIRS

#### The Japanese Veterinary Medical Association

At a general meeting on 29 March, the Council on Veterinary Affairs was reorganized and incorporated as an advisory committee within the parent organization of the Japan Veterinary Medical Association. The members comprising this Council are selected from all regions in Japan and from all branches of the veterinary profession.

The annual Japanese Veterinary Medical Association convention was held in March at Tokyo University in conjunction with the Japan Veterinary Scientific Society. The Association also sponsored nine regional meetings in which prefectural veterinary association members formulated and conducted all programs. These meetings were well attended and gave every indication that the association members are beginning to assume a definite leadership in their efforts to attain a higher professional standard of efficiency and responsibility.

The JVMA monthly journal continued to improve and now contains items of more practical significance for its readers. As a result the circulation showed a marked increase with distribution currently being made to all areas in Japan.

#### The Council on Veterinary Affairs

Discussions with a temporary committee appointed by the Council on Veterinary Affairs on a proposed revision of current Japanese veterinary text books by their respective authors so that obsolete books now in use could be replaced, resulted in a decision to re-edit eight text books covering the fundamentals of veterinary education. One of the books will be a translation of an American text. Another, titled Veterinary Public Health, will include several chapters written by SCAP veterinary personnel. The finished publications will be available for the beginning of the new school year which starts in April 1950.

#### Veterinary Education

The Veterinary License Law, passed by the Diet on 2 April and promulgated on 1 June, became effective 1 October. This law requires four years of veterinary education in an approved college for eligibility to the national licensure examination. The law further provides for a Veterinary License Council.

The use of a uniform set of final examination questions in all veterinary colleges was adopted and put into effect 1 March. The subjects included anatomy, histology, pathology, physiology, bacteriology,

immunology, surgery, internal medicine, therapeutics, animal husbandry, and milk and meat hygiene.

All veterinary colleges were encouraged to improve their physical plants. This resulted in the establishment of animal clinics where outpatients are treated and inpatients hospitalized for short periods of time depending on the diagnosis of the case. Laboratory facilities have been improved and additional necessary equipment secured for the needs of the students.

The publication of the journal, titled "Sanitation" is being distributed to prefectural health departments for dissemination to all public health veterinarians. In addition, the journal is on open sale at all book stores.

Four two-month refresher training courses for public health veterinarians were held during the year at the Institute of Public Health. Qualified veterinary candidates holding responsible positions in prefectural or municipal health departments, or in health centers were selected to attend these courses. An average of forty-two veterinarians were in attendance at each course. A total of 349 veterinary students have been graduated from this school and are now engaged in public health veterinary service throughout Japan.

The curriculum of the veterinary refresher training courses have been expanded to include all phases of veterinary services related to the field of public health. In addition to the didactic work included in these courses, field problems were established to acquaint the veterinarian with actual conditions they can expect to encounter in the course of their daily inspections.

#### Control of Animal Diseases

Animal quarantine stations were expanded to the level of those that operated during the pre-war period, and additional veterinarians were employed in sufficient numbers to adequately staff each station. Plans were effected which provide a more adequate and effective control over those animals or animal by-products imported from foreign countries.

A Ministerial Ordinance published in accordance with Art. 19 of the Infectious Animal Disease Control Law, states, "Any importation of cattle, goat, sheep, swine, as well as their carcasses, meat, bone, hide, hair or wool is prohibited for an indefinite period from or through Mexico, South America, Siberia, China, Hong Kong, French Indo-China, Siam, Burma, Ceylon and Java. However, this shall not be applied to any cattle, goat, sheep or swine accompanied by a certificate issued by the competent official of the exporting country stating such animals are free of germs, and which will be slaughtered immediately after the quarantine inspection in a slaughter house designated by the officials of the Animal and Plant Quarantine Station, and to any carcass, meat, bone, hide, hair or wool thereof accompanied by a certificate." This Ministerial Ordinance became effective in August.



A better system of coordination and information was developed between the Animal Hygiene Section, Ministry of Agriculture and Forestry and the Japan Security Division (Customs) as a security measure in the proper handling and reporting of animals or animal by-products apprehended as a result of the extensive smuggling activities that occurred during the year.

The Ministry of Agriculture and Forestry in cooperation with the Ministry of International Trade and Industry coordinated the movement of animal by-products from the quarantine stations to the designated tanneries as a measure of maintaining an effective control over those products that might be capable of transmitting animal diseases to indigenous livestock.

The Animal Hygiene Section began the publication of a news weekly covering interpretations of laws, general information, and brief discussions on new diseases in animals as an aid to veterinary control activities.

Training courses covering a period of thirty days were established for prefectural veterinarians, engaged in animal disease control measures, who were required to attend for the purpose of receiving instructions in the established procedures that were to be enforced during the immunization programs. Lectures were provided by SCAP veterinarians.

Regional conferences were held by animal hygiene officials for planning controls should outbreaks of Foot and Mouth Disease, Rinderpest or Contagious Pleuropneumonia occur. In addition, numerous papers were presented on animal diseases and their controls.

Article 54 of the Pharmaceutical Affairs Law (No. 197) gives competence to the Animal Hygiene Section, Ministry of Agriculture and Forestry for the control and administration of biologicals intended for animal use. Plans were formulated to inspect all manufacturers of veterinary biologicals periodically.

A national assay laboratory was established at the Kodaira Branch of the Animal Hygiene Experimental Station in Tokyo. Shortly thereafter an additional approved budget provided for the Kodaira Branch and the Nishigahara Experimental Station consolidating into one large Experimental Station. Immediate steps were taken to build additional buildings and upon their completion, the various departments of animal research and biologic production were transferred to Kodaira. The project is approximately 85% complete. All animal biologicals are required to be assayed before release for use in the field. This had an immediate effect on the manufacturers in that the quality and effectiveness of the biologicals showed a decided improvement over those produced in 1948. In order to produce a product capable of meeting and passing assay standards, an outline on "Sterility and Safety Testing of Biologic Products" was presented to representatives of the four Animal Hygiene Experimental Stations concerned in the production and control of veterinary biologicals. It was recommended that the outline be incorporated as a part of the regulatory requirements governing the production of veterinary biologicals.

Plans were completed for the establishment of the Hokkaido Research and Veterinary Laboratory located at Noboribetsu, Hokkaido. A budget was secured and immediate steps were taken to expand the present facilities commensurate to the needs in supplying those veterinary biologics to be used on livestock in Hokkaido. This will facilitate the expediting of sera, vaccines and diagnostic agents as well as reduce the loss normally sustained due to poor transportation facilities when biologics were shipped from other laboratories. It will also facilitate plans for an active program of research on those animal diseases indigenous to Hokkaido by allowing the laboratory easier access to the areas where the disease remains endemic. In an effort to protect biologics from deterioration due to poor transportation facilities, all serums and vaccines were required to be under refrigeration while in transit. In addition, containers capable of refrigerating small amounts of biologics carried into the field by veterinarians were issued.

Conferences were held with Ministry of Agriculture and Forestry officials in the Animal Hygiene Section for the purpose of revising the studies being made on indigenous animal diseases in an effort to divert the research to those diseases having a direct influence on the livestock economy.

The visit of Dr. K. V. L. Kesteven, Senior Veterinarian, FAO, United Nations, was instrumental in securing new strains of the Nakamura III strain of Rinderpest, the Weybridge strain of hog cholera virus and the Mukteswar strain of New Castle disease virus for the purpose of improving the present strains of viruses which were being utilized in the production of vaccines. Steps were taken to run comparative tests on these strains with those of the indigenous strains. Upon completion of the studies, production of vaccines is to commence, although it is estimated that it will be some time during the early part of 1950 before the product becomes available for use in the field.

The Supreme Commander for the Allied Powers approved the sending of Dr. Kogi Saito, Chief, Animal Hygiene Section, Ministry of Agriculture and Forestry to Paris, France, for the purpose of attending the conference held by the Office of the International Epizootic Society. Japan, in pre-war days, had been a member of this Society in good standing and during this conference was reinstated.

The Ministry of Agriculture and Forestry and the Ministry of Welfare officials engaged in a consolidated program against mosquitoes in which approximately 800,000 stables were DDT'd as a control feature against possible outbreak of Japanese "B" Encephalitis in humans and its counterpart known as Noen in horses.

A Bovine Brucellosis survey program was conducted by officials of the Animal Hygiene Section in order to gain some idea of the incidence of this disease in indigenous dairy cattle. A total of 4,755 head of cattle were tested in which the rapid agglutination and complement fixation methods were used. There were 37 (0.67%) positive reactions, 43 (0.90%) suspects and 4,680 (98.43%) negatives recorded during this program. This is a basis for an additional survey toward a brucellosis control program. Although this program was not authorized by law, it did succeed in that many of the cattle owners voluntarily removed their cattle for slaughter without any indemnity payments.

A Ministerial Ordinance was published directing that prefectural animal disease control officials be alerted to the outbreak of Rinderpest in Taiwan. This was essential in that every indication pointed toward some animal by-products being introduced into Japan through illicit channels.

Animal health centers numbering approximately 160 were being placed into operation for the carrying out of disease control programs and to actually place animal disease control officials in the immediate vicinity where large numbers of livestock are concentrated.

Mutual Aid Clinics were established by a provision of the Agriculture Insurance Law. Complaints were received from veterinary practitioners that these clinics were infringing on their practices. Conferences were held with officials of the Agriculture Insurance Law to locate these clinics in only those areas where the livestock population was not sufficient to justify a practitioner locating therein on a permanent basis. Close supervision is being maintained to observe if compliance is being carried out the Agricultural Insurance officials.

As a measure of preventing an epizootic of equine encephalomyelitis, an immunization program was carried out in which over 400,000 head of horses four years and under were immunized.

Plans were formulated between officials of the Ministry of Welfare and the Ministry of Agriculture and Forestry to complete diagnostic tests and necessary immunizations on all laboratory animals utilized in the production of human biologics. Physical examinations were also conducted and dietary problems discussed as many animals were found to be improperly fed and were suffering from malnutrition.

Investigations were conducted to determine the cause for laxness on the part of the livestock owners and the Prefectural officials regarding the issuing of health certificates for those animals moving inter-prefecture.

Improved laboratory and research facilities were instrumental in the isolation of a virus during an outbreak of Bovine Influenza which incapacitated 155,544 head of cattle. Formerly, this disease was diagnosed as Pasteurellosis and very little research was ever attempted. With a positive diagnosis of Bovine Influenza now supported by laboratory findings, this disease represents a new entity in the disease of cattle in Japan. A total of 551 head of cattle succumbed as a result of secondary invasion of the organism *Pasteurella bovissepticus*. There were no deaths reported from the virus infection.

A more effective program in the eradication of those animals infected with tuberculosis, trichomonas, brucellosis, filariasis, and pullorum disease was accomplished as a result of the establishment of better diagnostic procedures.

Although the livestock population increased markedly during 1949, a high degree of control was maintained over those diseases indigenous to Japan, and the morbidity rate approximated that of 1948. A large percentage of the swine cholera and erysipelas cases were



directly attributed to laxness on the part of the swine owner to report his hogs for registration and subsequent immunization.

Additional improvements were made to the Hyogo Rinderpest Serum Plant, and recommended changes in operational procedures are resulting in a better quality of serum being produced.

#### Meat, Milk, Seafood and Food Inspection

##### Meat Inspection

Conferences with prefectural chiefs in charge of meat inspection were held for the purpose of providing technical information concerning necessary improvements in slaughter-houses and meat processing establishments, and proper procedures to follow in the inspection of retail meat shops. As a result of these conferences, many improvements were made especially in the control of flies and insects, and sewage disposal systems were greatly improved. Closer control over the handling of meats being transported between slaughter houses and the retail meat shops was achieved. Recommendations were made to provide better supervision over the inspector in the field, and to exert more control over ante and post-mortem inspection procedures. There were many improvements made in the sanitary handling of meat and meat products in the meat processing establishments.

Prefectural veterinary meat inspectors assisted materially in improvement of the removal and handling of hides in slaughter houses resulting in a 35% over-all improvement in the final grading.

Processing formulas were furnished the Veterinary Affairs Section, Ministry of Welfare for guidance in furnishing technical information to prefectural chiefs in charge of meat inspection.

A closer liaison between public health veterinarians and animal disease control veterinarians was developed as a result of a better reporting system originated between officials of the Ministry of Welfare and the Ministry of Agriculture and Forestry.

As a result of corrective action on the part of some meat processing establishments in improving sanitary defects, authorization was given to act as a source of supply in furnishing fresh pork and pork-products to occupation personnel through SCAP retail outlet stores. This action alone has proven a great stimulus to other meat processors and rehabilitation of plants is under way in order to meet the standards required so that recognition may be accomplished.

##### Milk Inspection

Conferences were held with representatives of the Japan Dairy Products Association in which technical information and guidance was



furnished for the over-all improvement of the production and handling of milk on dairy farms and in milk plants.

Training films were used as visual aids in demonstrating to the prefectural chiefs in charge of milk inspection the defects in the sanitary handling of milk that must be controlled in order to provide more liquid milk for milk plant processing and distribution to the consumer.

The proposed plan of reducing sugar allotments to milk processors necessitated action on the part of some to convert their plants to other milk products not requiring sugar. It was recommended at a national conference of dairy men that serious consideration be given to the production of evaporated milk. A plan for grading the plant of a dairy products producer was established in which those plants that could not immediately convert over to whole powdered milk or evaporated milk were to be given a certain percent of sugar allocation until such time as conversion could be effected.

Technical information and guidance was given in the construction and equipment of five new milk plants built during 1949. These plants are all being operated under low temperature pasteurization methods.

Plans were furnished the Japan Dairy Association providing for the construction of new milk collecting stations in order to expedite the handling and flow of milk from dairy farms to the milk plants. Laboratory tests indicated that these collection stations were instrumental in improving the quality of milk in the areas they serviced.

Conferences were held by the Veterinary Affairs Section, Ministry of Welfare, with all prefectural chiefs, in charge of milk inspection. Training films were utilized as visual aids in instructing the members present where sanitary defects were being found during inspection trips in the field. The training films shown included all phases of sanitary controls in the production and handling of milk, rodent and insect control, and public sanitation. Discussions were held on the present defects in the reporting system and recommendations made for their correction.

Recommendations were also made to the Ministry of Welfare to request the prefectures to increase the number of milk samples collected for laboratory analysis and to do more culturing of the pasteurized product in order to study the effectiveness of the pasteurization process.

#### Seafood Inspection

Standards covering the sanitary handling of seafood were issued to the Ministry of Welfare for enforcement by prefectural veterinary seafood inspectors in those establishments approved as sources of supply to authorized SCAP retail outlet stores. These standards contain the minimum requirements and are also to be used in the inspection of domestic seafood establishments.

Arrangements were made with the Ministry of Welfare to establish veterinary seafood inspectors in each Class A port. This has resulted in some improvement in the handling of seafood from the time it is discharged on the dock to the time it enters the domestic channels of trade. A gradual improvement in the handling and processing of seafood was accomplished due to closer surveillance on the part of the inspector. As a result of improved courses in seafood inspection taught at the Institute of Public Health, prefectural veterinary seafood inspectors are becoming better qualified to engage in this service.

Improvement in the sanitary storage of reserve supplies of seafood intended for export has resulted in some cold storage companies being approved as sources of supply to authorized SCAP retail outlet stores supplying fresh, frozen seafood to occupation personnel.

### Food Inspection

Standards for the sanitary manufacture of ice candy were furnished to manufacturers in all prefectures. A decided improvement in the overall production of a safe product was noted.

Technical information supplied to the Japan Food Association was published in their semi-monthly Food Times Magazine and resulted in improvement in the sanitary handling of all foods and beverages produced in those establishments whose owners are members of the Association.

Inspection of establishments handling and processing certain food and beverage items resulted in their being approved as sources of supply to furnish incigenous food items to SCAP retail outlet stores patronized by occupation personnel.

Conferences with prefectural officials in charge of food inspection were held in which technical information and guidance was furnished in an effort to expand the present system of food inspection. A general improvement has taken place and in many cases the sanitary measures practiced by the owners of food establishments are commensurate with those as seen in the more modern foreign countries.

An active program was instituted to increase the collection of food samples for laboratory analysis. In many cases, prefectural officials were requested by owners of food or beverage establishments to collect samples as a cooperative measure in establishing a product that complied with the provisions of the Food Sanitation Act.

Samples of staple food items being imported into Japan which arrived in poor condition were collected and submitted to a laboratory examination before they were released into domestic channels.

### Conclusion

The improvement experienced as a result of surveillance and inspection in the field of all matters pertaining to veterinary affairs

and food sanitation, and the supplying of technical information and guidance on those problems related thereto, necessitates a continuation of the programs throughout the year 1950.

## Chapter 7

### WELFARE

#### Public Assistance

A most important milestone -- that of the development and implementation of an appeals system -- was reached this year. The system provides opportunity for recipients of, and applicants for, public assistance to appeal local decisions to higher authority.

Recertification of all public assistance recipients during February and September demonstrated an increase in operational efficiency in that the number of cases found to be ineligible dropped to a negligible figure. Increased training, better operational procedures, and closer supervision by prefecture staff should be credited for this increased efficiency. (Ref. Charts 20 and 21)

Revision (Tenth) in the table of allowances for public assistance grants provided funds to allay official price increases as well as to include a minimum increase in the items included.

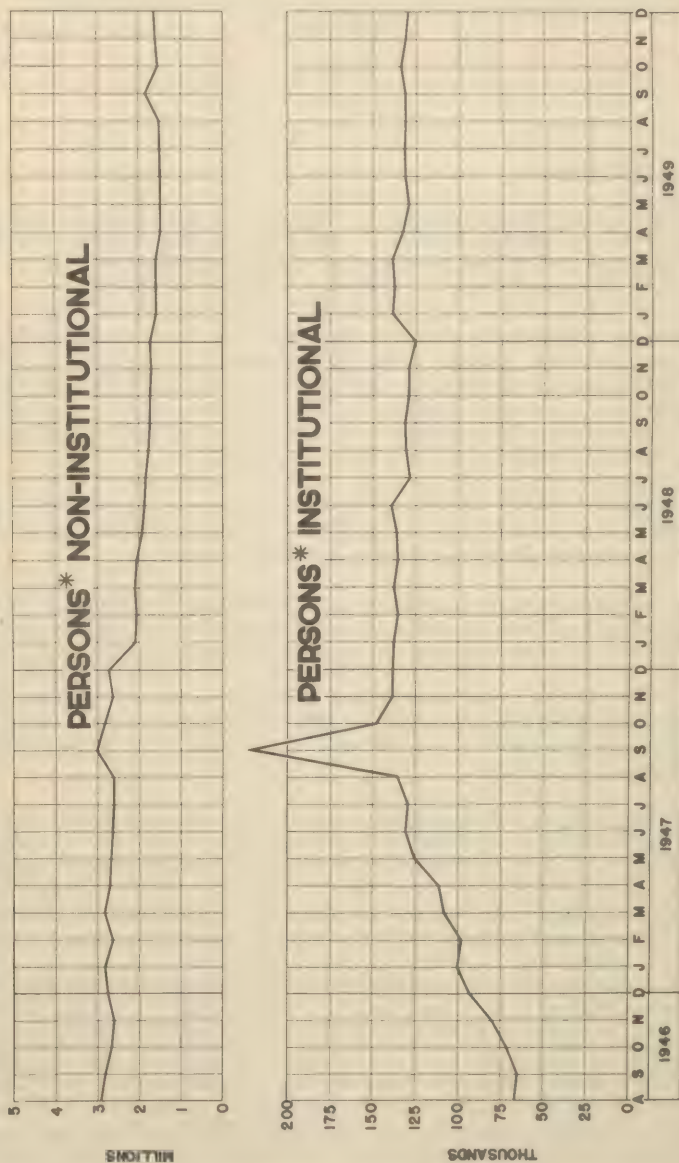
A complete review of eligibility processes for public assistance medical care resulted in changes which considerably tightened controls and provided for professional committee reviews of services and fees.

Civil Affairs Team reports and Public Health and Welfare Section observations indicate a growing acceptance of good public welfare principles on the part of local officials and a steady increase in efficiency of operation.

It has become increasingly evident that the system by which the public assistance program is administered by the 10,000 cities, towns and villages must be drastically revised if assistance and services intended under the Daily Life Security Law and Constitution are to be uniformly available to persons in need and if methods of administration of the program are to conform to reasonable standards for proper and efficient operation. Studies of local administration of the program completed during the year indicate that more than two-thirds of the towns and village have a population of less than 5,000 and average case loads of less than 25 families. The administrative framework of the governing agency in such communities is necessarily limited with the welfare function characteristically delegated on a part-time basis to minor clerks with little or no experience in welfare. In such communities the major tasks in welfare administration have been performed by voluntary welfare commissioners (Minsei-in) under the supervision of the town and village officials. Studies of administration of the program by cities present a more optimistic picture and indicate that in general city governments are supporting sufficient staff to effect efficient operation of the program.

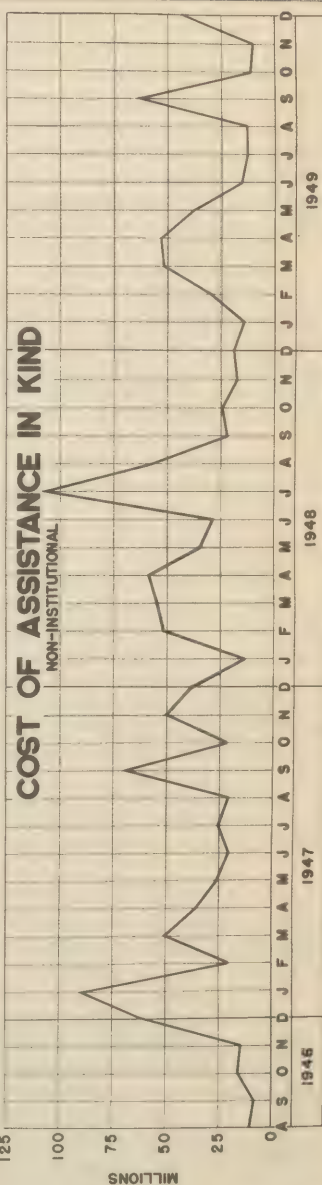
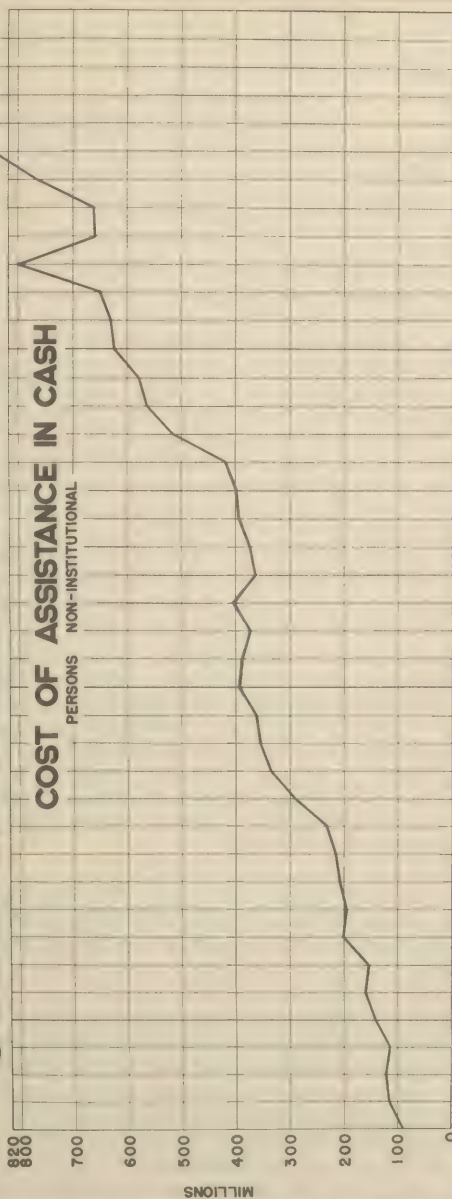


# PERSONS RECEIVING PUBLIC ASSISTANCE



\* NUMBER OF TIMES ASSISTANCE GIVEN TO WELFARE CASES DURING MONTH

# COST OF PUBLIC ASSISTANCE



Further steps were taken during the year to strengthen administration of the program, particularly in the cities in which national funds were made available for matching the cost of employment of additional full-time paid workers. Ministry instructions were issued permitting cities to reorganize and strengthen the administration of their programs by replacing the services of volunteer welfare commissioners with qualified, full-time welfare workers. Demonstrations in the use of full-time welfare workers and efficiently organized city departments were carried out successfully, under Team and Regional Civil Affairs guidance, particularly in Kanto and Kinki Regions.

During 1950 the Daily Life Security Law will be amended to provide for the individual's right to apply for and to receive assistance if found to be eligible. The appeals system will be included in the law. Basic problems concerning resources and the responsibility of relatives for support will be studied and a more realistic policy determined. Public assistance application forms will be standardized nationally and statistical reporting will be completely revised. A manual on policy and services will be completed and put into general use. Comprehensive studies of the case costs of medical aid, institutional, assistance-in-kind and other similar programs will be completed.

Major objectives have been outlined with the Ministry of Welfare for accomplishment during the year 1950 by which the organizational framework for effective administration of the national welfare programs will be further developed. They are, in summary, as follows:

1. Establishment of prefectural district welfare offices responsible for the administration of the Daily Life Security and Child Welfare programs, and removal of the responsibility for administration of such programs from the jurisdiction of towns and villages.

2. Establish the nucleus for a national system of field services by the assignment of at least one general field representative to each of the seven Regions and the District of Hokkaido.

3. Enforce the separation of government from any official participation in the organization, management and direction of private national welfare agencies, their prefectural branches and local sub-branches.

4. Promulgate a plan for the organization and promotion of coordinating councils of social welfare activities for voluntary compliance by interested national and prefectural welfare agencies and institutions.

5. Implementation of a national plan for on-the-job training for paid welfare employees at national, prefectural, district and local levels of government.

Another major undertaking is the revision of the basic Social Work Law of 1938, commonly referred to as the Social Works Fundamentals Law. The revisions will provide the basis for the legal establishment of private charitable agencies, for the establishment

of minimum standards for the care of adults in institutions, and will define the relationship between government and the field of private social work.

### The Child Welfare Program

The Child Welfare Law of 1948 was amended in 1949 to provide jurisdiction over all children under fourteen requiring child welfare services, including those "committing illegal acts"; and for concurrent jurisdiction with the Court of Domestic Relations over children of 14 to 18 years of age. Prefecture child welfare councils were given authority to review and make recommendations concerning cultural material such as motion pictures and books. Newspaper stories concerning "child slavery" and resultant studies of the rice-rich and rice-poor areas concerned resulted in amendments to the law which afforded further protection to all children living in non-relative homes, and providing that placement in such homes can only be accomplished through child welfare departments providing continuous supervision.

Considerable emphasis was given during the year to juvenile delinquency and other youth problems. Many communities organized youth councils in order to study the special problems of children and youth. The child welfare program continues to receive excellent publicity throughout the nation. (See UNICEF Chapter 7)

During 1950 a comprehensive review of child welfare services will be made to determine the effectiveness of the program and to provide an analysis from which further integrating and coordinating with the total public welfare program can be effected. The Law will be amended to provide for equalization grant process, thus providing greater autonomy to prefecture governors in carrying out the provisions of the law. Amendments will also be provided to secure more effective supervision by the Children's Bureau to assure compliance with minimum standards. The Central Child Welfare Council will complete its work on a "Children's Charter" for Japan.

### Social Work Education and Training

Developments in public welfare and child welfare during 1949 were in the direction of using paid rather than volunteer workers in these government fields. This development placed further emphasis on the need for personnel who were qualified by special education or training, and the necessity for recruiting young people (especially women) into this relatively new profession in Japan. The expanding health center program and the improvement of standards in national and other hospitals has created an increasing demand for medical social workers, and for further clarification, for doctors and nurses, of the contribution of social work to medical services particularly in the rehabilitation field. These needs and demands were met during the year by Institutes, special courses, and over-all planning for in-service training.

In January at the National Headquarters of the Japanese Red Cross, a six-day Institute on Medical Social Work was presented to 46 representatives from 37 Red Cross Hospitals and three chapters, coming from



33 prefectures. This was followed by publication of a pamphlet "Medical Social Work Practice" by Dr. J. Sato, Chief of the Medical Service Section, National Headquarters, Japanese Red Cross. A medical social work department was established at the Central Red Cross Hospital in Tokyo as a demonstration; five other Red Cross hospitals have developed departments, and Japanese Red Cross National Headquarters has been giving further assistance to their hospitals in organizing this service.

In February at the Institute of Public Health, Tokyo, a ten-day course was held on medical social work for representatives from 46 prefectures to prepare them for working in model health centers. This was under the auspices of the Ministry of Welfare, Social Affairs Bureau and Health Center Section of the Public Sanitation Bureau. Students included 30 men and 18 women.

In April a three-months special course in medical social work, sponsored by the Japan Social Work Association was given at the Japan School of Social Work in Tokyo. Students in this course were from health centers, hospitals (national, charity and Japanese Red Cross), and prefectural health departments. There were 28 women and seven men enrolled, the majority being new to this field, who upon completion started in new medical social work positions in such hospitals as the First National Hospital in Tokyo and the Charity Hospital in Kobe.

A result of these courses was the organization of two new associations of medical social workers, both of which at present are publishing a paper, but it is anticipated that they will join into one national association to include medical social workers from every field. A pamphlet on medical social work was written by a staff member of the Ministry of Welfare, and further interpretation of this program has been given through press conferences, speeches and special articles.

Besides the above, special lectures on medical social work were given to nursing and medical groups (such as hospital administrators and tuberculosis and public health nurses) as part of their training courses. It may be noted here, also, that the Japan Midwives, Clinical Nurses and Public Health Nurses Association was given office space in the Central Social Work Hall in February, thus bringing in a women's group (the only one to date) closely related to the other national social welfare organizations housed there.

An In-Service Training Committee was organized in the Ministry of Welfare in February and sponsored a 17-day In-Service Training Institute which was held at the Japan Social Work School in October. This Institute was attended by the prefectural welfare bureau chiefs for the first three days and by in-service training directors from each prefecture for the full period. Papers were presented by 16 Civil Affairs and SCAP Welfare Officers and are being published as a reference book.

Block conferences of several days duration following the former pattern were held throughout Japan under the auspices of the Ministry of Welfare. The Minsei-in Federation also continued to hold conferences on national, prefectural and local levels as in the past and its

monthly paper was used for welfare workers training. The required training for certification of day nursery workers was continued under the auspices of the Children's Bureau, Child Care Section and these training meetings showed marked improvement in these workers, particularly through the discussion of case material.

In October a three-month course in child welfare was initiated at the Osaka College of Social Work which was attended by 41 (six women and 35 men) persons presently employed in children's institutions, municipal and prefectural welfare sections, and as child welfare officials. The majority of these students were 20 to 30 years old. This institute on a specific field of social work was a change from the previous three-month courses, two of which were given during 1949 and which were of a more general nature. These short courses have been attended largely by employed workers who are given part-time educational leave from their positions to attend them and are therefore considered as a part of in-service training.

Various other kinds of in-service training including administrative reviews, supervisory conferences, case discussions and lecture series were carried on with the help of Civil Affairs welfare officers in the prefectures. Three prefectures, Miyagi, Fukushima and Akita employed in-service training directors under the auspices of the prefectural branch of the Japan Social Work Association with the help of Community Chest Funds.

Since published material on social work is essential for teaching and sharing the developments in this profession, an effort was made during this year to survey what is available in both Japanese and English. Public Health and Welfare Technical Bulletin No. 21, published in September included books, pamphlets and magazines concerned with social work and published in Japanese since the war and also listed social work books in English made available to the Japanese through Civil Information and Education Section Information Libraries. New books previously ordered through Civil Information and Education Section arrived during the year and the Russell Sage Foundation donated sufficient copies of the 1941 Social Work Year Book to permit a copy for each prefectural welfare department.

Noteworthy is the collection of case-work material made under the auspices of the Ministry of Welfare, Children's Bureau. Personnel working with children submitted cases from their own experience and a committee reviewed the 300 which were sent in. They selected 12 which, with comments by committee members, were published by the Minseijiin Federation. This project is being repeated in 1950 with emphasis on cases carried by child welfare officials.

Translations of pamphlets and articles were most extensively done by the Osaka Municipal Welfare Research Bureau, and the Social Work Research Institute of the Japan Social Work Association, and contributed to the increasing body of knowledge in this field. Some excellent studies of children and their personality development written by Dr. K. Hori, psychiatrist of the Nagoya Child Welfare Center were published by the Aichi Child Welfare Association. However, the need for translated material, selected to meet the present situation in Japan,

led to the formation of a Translation Committee, which is now reviewing what has been translated, what subjects need to be covered and what foreign material is available and suitable for translation.

The Tokyo Social Work Education Committee continued to meet every month and had discussions with visiting experts in sociology, group work, social research, social work education and with Dr. J. F. Bulsara, Regional Director, Far Eastern Office, Division of Social Activities, United Nations.

They discussed the "United Nations Study of Training Programmes and International Fellowships in the Field of Social Welfare" which requires a delimitation of the field of social work and the function of the social worker, the professional and economic status of social workers, the supply of social workers and demand for their services, description of existing facilities and resources for training social workers and probable future needs for assistance in improving or establishing training facilities and resources. Since this study should not be localized to Tokyo it was referred to a special "Research of Social Work Committee" under the Japan Social Work Association and the first step of translating the outline for study was begun. Toward the end of the year in cooperation with Civil Information and Education Section more educators from the Ministry of Education and local universities were brought into the Tokyo Social Work Education Committee for the purpose of putting more emphasis on bringing social work education to the attention of young people in universities and colleges.

The Kansai Social Work Education League continued to meet monthly, but organized into four working committees as follows, which then reported to the general meetings:

1. Social work education in colleges and universities including the Osaka College of Social Work. This Committee formulated curriculum recommendations for social work courses in the 13 colleges in the area offering some training in this field, and also worked on the development of a social work terminology.

2. In-service training. A survey was made of the educational background and needs of day-nursery teachers since they are required by law to have special training before they can be certified.

3. The training of teachers of social work. This committee considered not only post-graduate courses in Japan but also sending selected educators abroad to further equip them as social work teachers.

4. Public school education regarding social work with special emphasis on high schools. An accomplishment was the publication of a book on social work agencies in Osaka to be used in the teaching of social studies to high school students.

The annual national conference of social work was held the first of November with 750 persons in attendance, the majority of whom were from private agencies. This was followed by a two-day meeting of the Social Work Research Institute at which several significant papers were presented including some on social work education.



A United Nations Fellow Selection Committee was organized in Tokyo and Osaka to review the candidates who applied for United Nations Fellowships. Seventeen applications were finally forwarded including two women, to United Nations Headquarters, Lake Success, New York.

The Japan Social Work Association which has chapters in each prefecture has been turned to so frequently for leadership in the field of social work education that it was considered advisable to review its functions and program particularly on the prefectural level. In three prefectures, Miyagi, Fukushima and Akita the Japan Social Work Association and Community Chest have sponsored the employment of in-service training directors.

### Specialized Schools of Social Work

The Japan School of Social Work in Tokyo profited by having a new Dean take over in March and has since shown steady improvement in administration, curriculum content and quality of students. Twice as many students applied for the new term as could be accepted which made more careful selection possible. All classes are limited to 50 students but auditors have been permitted so during 1949 the total enrollment in the two years of the regular course and one year of the advanced course was 156. The three year course (of which the third year class graduates in March 1950) is being discontinued thereafter. In April 1949 a new two year course was begun therefore, currently, the regular courses are this two year course and a one year course considered to be on the "graduate" level. This is a move toward incorporating a school such as this one into an existing university as a social work department, including two years undergraduate and one year graduate training.

An important development during the year was the establishment of field work practice on a three days a week basis in place of the former "observation" visits. This has meant closer integration with social agencies. The curriculum now includes the eight basic areas recommended by the American Association of Schools of Social Work and a newly published catalogue contains a statement of the contents of the courses.

The Osaka College of Social Work graduated its first one year class of 30 students in September 1949. Sixteen of these students had educational leave from their positions to attend this course and all but six students had positions upon graduation (14 in private agencies and ten in public agencies). A second one-year course began in May 1949 with 27 students. A special feature of the Osaka College of Social Work has been the offering of three months courses for people employed in the area so that they could remain on the job part-time while going to school. Three general three months courses were given and a fourth three months course was begun in October, specializing in child welfare. A two weeks seminar in group work was given by Miss Dorothea Sullivan, professor of Group Work at the Catholic University School of Social Work. A short seminar on supervision, as a follow-up of this group work course, was given by a Civil Information and Education Section representative.

Educational qualifications for admission were raised so that the quality of students in the regular courses definitely was improved,



and those with only an experience background were handled in the In-Service Training Courses rather than in the regular courses.

During 1950 plans provide for a consolidation of gains in the medical social work courses in the two schools of social work; further in-service training of medical social workers in health centers; encouragement of national medical social worker association meetings and publication of appropriate professional material and recommendation to the Ministry of Welfare that development and supervision of medical social work in national hospitals and health centers be provided through the creation of a medical social work position in the Medical Services Bureau.

Further emphasis will also be placed on the training of child welfare officials and welfare supervisors and secretaries, since the future government welfare program of Japan largely depends on the adequacy of these categories of paid workers. Continued search will be stressed for and development of teachers of social work, experienced both in the practice of social work and in teaching; this to be aided possibly by an institute for teachers of social work and the preparation of textbook material such as the content of a case-work course.

### Disaster Relief

The National Disaster Plan was further strengthened during 1949 by the adoption of a national warning system by which any or all communities in Japan can be immediately alerted of impending disasters. The system was tested for the first time on 20 December 1949 on a simulated tidal wave involving the Miyagi Prefecture coastal area with satisfactory results.

Regional Disaster Relief Planning Boards were further implemented during the year with each Regional Board having presented a plan of operation for review by the Central Disaster Relief Planning Board.

A study and review of prefectural disaster plans was completed during the year, and by December the Central Disaster Board had approved disaster plans for the 46 prefectures. The approved plans insure uniform application throughout Japan of the preparedness and relief features of the National Disaster Relief Law.

Twenty-three major disasters in which prefectural disaster plans were placed in operation were reported by the Ministry of Welfare. An analysis of the sharing in the cost between the national and prefectural governments for relief administered in these disasters has demonstrated the need for revisions in the funding provisions of the National Law. Whereas in 1948, 73% of total disaster relief costs were met from National funds, only 10% of total disaster relief expenditures were reported by the Ministry as having been met from National funds during 1949. The reasons for this reduction in the National sharing of disaster obligations is to be found in the fact that the Disaster Relief Law provides for National sharing in disaster costs only in the event that disaster relief costs exceed 5% of the total land, house and business-tax revenues for the previous fiscal year. Since the fiscal year

1946-47, tax revenues from these sources have increased in yen amount to the extent that the national government is obligated in only the largest and most costly disaster operations.

### Repatriation

In 1949 the total number of Japanese repatriated to Japan was 97,729 persons, bringing the grand total since the war's end in 1945 to 6,241,433 persons. These repatriates were returned from areas, as follows:

| <u>Areas</u>            | <u>Original No.<br/>(Estimated)</u> | <u>Evacuated<br/>to Date</u> | <u>To Be<br/>Evacuated</u> |
|-------------------------|-------------------------------------|------------------------------|----------------------------|
| Soviet controlled areas | 1,620,516                           | 1,303,899                    | 316,617                    |
| (Dairen)                | (225,954)                           | (225,954)                    | (0)                        |
| (Karafuto & Kuriles)    | (372,016)                           | (292,590)                    | (79,426)                   |
| (Korea - North of 38°)  | (322,546)                           | (322,546)                    | (0)                        |
| (Siberia)               | (700,000)                           | (462,809)                    | (237,191)                  |
| Australian Area         | 138,680                             | 138,680                      | 0                          |
| China                   | 1,501,258                           | 1,501,258                    | 0                          |
| Formosa                 | 479,300                             | 479,300                      | 0                          |
| Hongkong                | 19,222                              | 19,222                       | 0                          |
| Korea (south of 38°)    | 595,270                             | 595,270                      | 0                          |
| Nearby Islands          | 62,389                              | 62,389                       | 0                          |
| Ryukyus Island          | 69,366                              | 69,366                       | 0                          |
| Pacific Ocean Areas     | 130,906                             | 130,906                      | 0                          |
| Philippine Islands      | 132,917                             | 132,917                      | 0                          |
| Netherlands East Indies | 15,590                              | 15,590                       | 0                          |
| New Zealand             | 797                                 | 797                          | 0                          |
| Hawaii                  | 3,592                               | 3,592                        | 0                          |
| Manchuria               | 1,105,837                           | 1,045,525                    | 60,312                     |
| South East Asia         | 710,685                             | 710,685                      | 0                          |
| North Indo-China        | 32,037                              | 32,037                       | 0                          |
| Total                   | 6,618,362                           | 6,241,433                    | 376,929                    |

The Japanese Government has estimated it has cost them approximately ¥ 11,132.00 per capita to return each repatriate to his home. This amount is for food, telegraphing, medical care, transportation expenses in Japan, clothing, daily necessities and miscellaneous expenses. This does not include marine transportation and administrative expenses of the program.

Great efforts have been made by the Japanese Government and private organizations to assist the repatriates to re-establish themselves. Due to the housing shortage in Japan the government was faced with a major problem in providing living accommodations for repatriates and their families. This has been met by the utilization of old government buildings and former army barracks and a very extensive building program of individual and multiple unit dwellings for rent to repatriates. The rent charged is very low and is used as part of the cost of administration of the housing projects. Since the beginning of the repatriation building program in 1946, a total of ¥ 1,997,949,020 has been expended, ¥ 1,776,047,410 by the National Government and ¥ 221,901,610 by the prefectural governments. This has financed the

building of 21,407 units housing approximately 290,225 individuals.

Monetary assistance to repatriates has been provided through the Government Rehabilitation Loan Fund. Loans to repatriates through this fund have made it possible for them to go into business for themselves or to obtain vocational training.

#### Rehabilitation Loan Funds

Through the services of the Rehabilitation Small Loans Fund, penurious but reliable individuals, or partnerships not eligible to obtain finances through other channels, have been able to obtain funds to engage in self-supporting private and independent enterprises. This program was inaugurated in 1946 as the result of the desire of the central government to provide a means to assist people to become self-sustaining.

Prefectural governors have been made responsible for setting up adequate plans and procedures for guidance of those who have secured loans. Selected bank personnel, mayors of cities, towns and villages and welfare commissioners assist the prefectural officials in the administration and operation of the Loans Program.

During the period 1946 to 1949 inclusive, a total of ¥3,816,667,000 has been loaned to 612,520 families. Repatriates have received 85% of funds loaned, "war sufferers" 12%, indigent persons and others 3%. Thirty percent of the funds have gone for commercial operations, 44% for industrial including mining; 9% for agriculture; 5% for commercial fishing; 3% for forestry; 2% for transportation; 7% for miscellaneous endeavors. Of the total amount loaned over this 1946-1949 period, 49% has been repaid, requirements for obtaining a loan being character rather than assets. The maximum loan per head of family is ¥ 15,000; the term is five years, including the first free year; interest is 9% per annum. If the reimbursement of the loan is in arrears, a daily charge of 4 sen per day on the amount delinquent is made. Reimbursement payments may be made semi-annually, monthly or in a lump sum annually.

Encouragement for successful enterprise is offered in the way of public recognition of services or products by exhibitions and bazaars. Further assistance is rendered the borrower by training courses in the technique of business and trade.

It is felt, by the central government that this small business rehabilitation loan fund will play a vital part in the democratization of Japan in that it encourages and stimulates free enterprise and gives the individual an opportunity to stand on his own feet.

#### Program for Disabled Persons

Two important laws were passed during the year providing comprehensive, modern legislation covering rehabilitation and services for the physically handicapped. The first, passed 31 May, provides



for establishment of National institutions for guidance and rehabilitation of physically handicapped persons. Such National institutions shall perform the following functions:

1. Consultation services for the physically handicapped, including guidance in social rehabilitation through medical, psychological and occupational diagnosis.

2. Accommodations for physically handicapped persons, and guidance and training necessary for the medical-social rehabilitation of such persons.

A demonstration institution for guidance and rehabilitation was developed during the year at Sagami-hara in the Tokyo-Yokohama area. The formal opening of the model center originally scheduled for December 1949 has been delayed until 1950. The Sagami-hara Center will demonstrate programs and practices which may be followed as models by the other and newer Guidance and Rehabilitation Centers.

The second important law was passed 26 December for welfare of disabled persons. The law provides for the establishment of national and prefectural councils for welfare of disabled persons responsible, in general, for promoting the welfare of the physically handicapped. The councils are advisory in function with the Ministry of Welfare and the prefectural Governors being responsible for the actual administration of the law. The law also provides for the establishment of Rehabilitation Inquiry Offices and for the employment of welfare officials for disabled persons.

The law contemplates that the fullest possible use will be made of established guidance and rehabilitation centers, National hospitals and other medical service institutions, and of vocational guidance centers and employment security offices operated by the Labor Ministry. Rehabilitation relief facilities will be established by the Ministry and may be established by the prefectural governments with Ministerial approval for the purpose of providing training and employment for the disabled, including the blind, for whom employment is not otherwise available. Provisions are made for the issue of safety canes for the blind and for the issue and repair of prosthetic appliances, and, in the case of needy persons, for money grants for the purchase or repair of prosthetics. Preference is to be accorded disabled persons for the establishment of vending stands in public facilities. Government agencies are required by the law to give fair consideration to the purchase of articles produced by relief facilities employing disabled persons.

#### Rehabilitation Homes for Young Women

Due to the present economic situation and the difficulty of untrained women to find employment in legitimate pursuits many are still turning to prostitution as a means of livelihood and the need for rehabilitation opportunities for them still exists.

At present there are 18 homes strategically located throughout Japan, established by the Ministry of Welfare, caring for approximately

1,000 women and emphasizing occupational and social rehabilitation and placement. Currently they are in process of being reorganized with a more specific vocational training program, and will be supervised by trained personnel to more ably meet the needs of women seeking the care and services of these homes.

These institutions are financed wholly or in part by central government grants-in-aid, with added assistance from Community Chest and other private donations. Approximately ¥ 16,000,000 has been allocated by the central government for these institutions for 1949-50.

With the present government subsidies and private donations, needed additions of equipment and personnel as well as repairs and maintenance will be attainable. To insure this, basic minimum standards for physical plants, size and qualification of staff, administrative procedures and daily rehabilitation and vocational training programs are being formulated by the Ministry of Welfare to be put into practice in 1950. Every effort is being made to make this program one of economic and social value to the participant as well as to the community.

### Community Chest

The third national joint campaign (Oct 1949) of the Community Chest and the Japanese Red Cross, known as "CCC for Mutual Aid and JRC Fund Drive", to finance private welfare enterprises, started with a goal of ¥ 1,221,717,000, a sum approximately 5% of the nation's appropriation for all welfare. Reports showed 27 prefectures had attained 100% or more of their goals and as of 31 Dec 1949, 95.2% or ¥ 1,162,923,893 of the national goal had been attained, with additional returns still being received.

The third National Campaign in October was preceded by nationwide publicity and was conducted by a well integrated committee organization operating on the "nine-point" program.

This nine-point program stresses volunteer service, no pay or gratuities for volunteer services, strict integrity in leadership of participants and a campaign "by the people and for the people", with no government officials or receiving agencies having control over funds or allocations.

The red feather was adopted as the insignia to be worn signifying a gift had been given. (The red feather has had a meaning in Japan since ancient times when it was incorporated into the costumes worn by the knights and members of the higher nobility and indicated courage, loyalty, and service.)

From experience in past CC campaigns in Japan, it is apparent much still remains to be done to make the Community Chest a truly democratic organization entirely voluntary in nature. Too much reliance has been placed on governmental agencies and personnel to "put over" the drive. A program for 1950 has been planned including

development of prefecture and local councils of social agencies to assist local chests in the final development and application of professional standards in the private field of welfare services and institutional care.

### The School Lunch Program

The Japanese School Lunch Program in the beginning of 1949 was threatened by a suspension of imports. Powdered skim milk requirements from many areas of the world were such that supplies to Japan were reduced, however other demands were altered sufficiently to assure a continuation of the program in Japan for the 6,100,000 children who had been included in the program in 1948. Children included in the program during 1949 are indicated on the following tables. (Also, Ref. Chart 22)

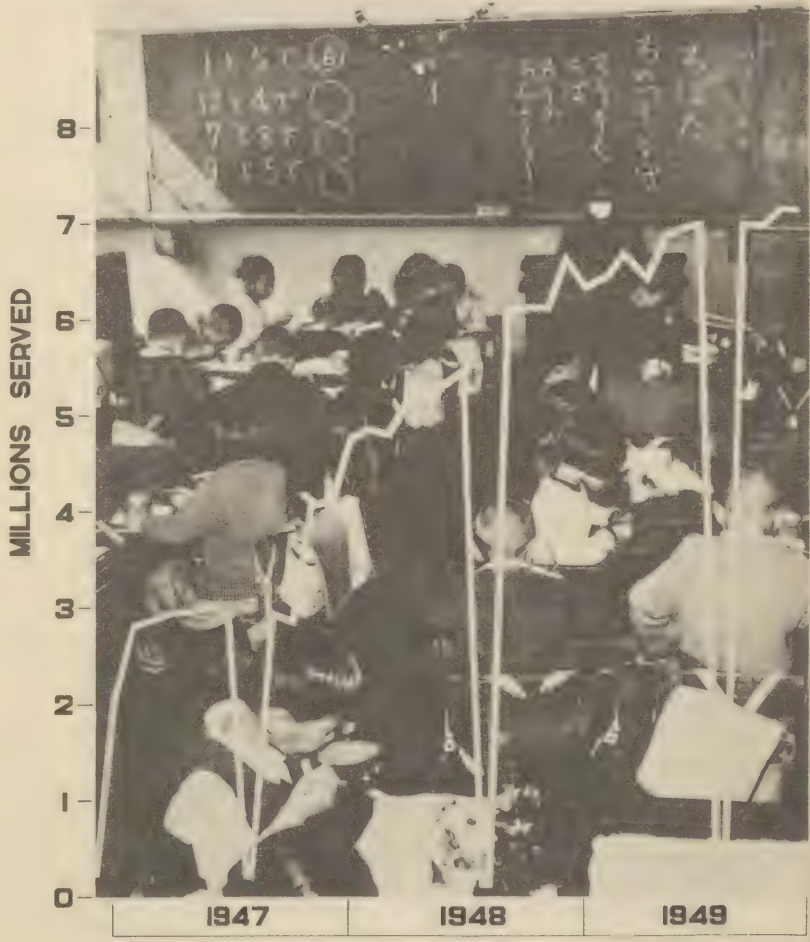
#### School Lunch Program - 1949 (schools & children)

| <u>Month</u> | <u>Government Urban</u>                       |                        |
|--------------|-----------------------------------------------|------------------------|
|              | <u>No. of Schools</u>                         | <u>No. of Children</u> |
| January      | 3,629                                         | 3,300,575              |
| February     | 3,697                                         | 3,415,147              |
| March        | 3,680                                         | 3,334,512              |
| April        | 3,606                                         | 3,449,783              |
| May          | 3,809                                         | 3,606,591              |
| June         | 3,704                                         | 3,559,444              |
| July         | 3,733                                         | 3,586,944              |
| August       | (Summer School - No. of schools not reported) |                        |
| September    | 3,751                                         | 3,596,962              |
| October      | 3,712                                         | 3,555,570              |
| November     | 3,769                                         | 3,611,498              |
| December     | 3,739                                         | 3,552,192              |

| <u>Month</u> | <u>Government Rural</u>                       |                        |
|--------------|-----------------------------------------------|------------------------|
|              | <u>No. of Schools</u>                         | <u>No. of Children</u> |
| January      | 2,911                                         | 1,449,425              |
| February     | 2,843                                         | 1,334,853              |
| March        | 2,860                                         | 1,415,488              |
| April        | 2,934                                         | 1,300,217              |
| May          | 2,731                                         | 1,143,409              |
| June         | 2,836                                         | 1,190,556              |
| July         | 2,807                                         | 1,163,056              |
| August       | (Summer School - No. of schools not reported) |                        |
| September    | 2,789                                         | 1,153,038              |
| October      | 4,498                                         | 2,544,430              |
| November     | 4,441                                         | 2,488,502              |
| December     | 4,471                                         | 2,547,808              |



# SCHOOL LUNCH PROGRAM



| <u>Month</u> | <u>Prefecture or School Program</u>            |                        |
|--------------|------------------------------------------------|------------------------|
|              | <u>No. of Schools</u>                          | <u>No. of Children</u> |
| January      | 2,559                                          | 1,527,754              |
| February     | 2,810                                          | 1,715,842              |
| March        | 3,218                                          | 1,960,501              |
| April        | 3,319                                          | 1,723,737              |
| May          | 4,001                                          | 2,102,229              |
| June         | 4,114                                          | 2,232,227              |
| July         | 3,871                                          | 2,276,670              |
| August       | (Summer School - No. of schools not reported). |                        |
| September    | 4,043                                          | 2,303,684              |
| October      | 2,368                                          | 996,407                |
| November     | 2,384                                          | 1,073,224              |
| December     | 2,672                                          | 1,078,557              |

| <u>Month</u> | <u>Total</u>                                  |                        |
|--------------|-----------------------------------------------|------------------------|
|              | <u>No. of Schools</u>                         | <u>No. of Children</u> |
| January      | 9,099                                         | 6,277,754              |
| February     | 9,350                                         | 6,465,842              |
| March        | 9,758                                         | 6,710,501              |
| April        | 9,859                                         | 6,473,737              |
| May          | 10,541                                        | 6,852,229              |
| June         | 10,654                                        | 6,982,227              |
| July         | 10,411                                        | 7,026,670              |
| August       | (Summer School - No. of schools not reported) |                        |
| September    | 10,583                                        | 7,053,684              |
| October      | 10,578                                        | 7,096,407              |
| November     | 10,594                                        | 7,173,224              |
| December     | 10,882                                        | 7,178,557              |

By the end of 1949, five weekly feedings of powdered skim milk were assured, the skim milk ration serving totalling 22 grams daily. As of the end of the year, the program had been developed so that the milk was received from imports and made available to the Japanese Ministry of Education free of cost. A limited amount of flour was also released during the last quarter of 1949 amounting to 96,000 lbs. which will provide a daily assurance of bread of 100 grams per child in three major urban areas. In addition to milk, the Japanese Government has secured an allocation of miso, shoyu, sugar and oil which is made available to prefectural departments of education for purchase and resale. The cost of the foods per child per day - the skim milk is free - is 74 sen. Other expenses including fuel, transportation and necessary kitchen personnel makes the total average cost approximately ¥3.5 per child per day. For children whose families are receiving support from the Daily Life Security Act, sufficient yen is included in the relief allocation to cover the cost of the school lunch - 146,000 children were so included.

While the school lunch is not a complete meal, it now exceeds 200 calories per child per day and includes the minimum requirements of animal protein. As the year closed, the world milk picture seemed to assure a brighter future for the Japanese School Lunch Program.

Public Pawn Shops

The pawn-shop system has been in vogue in Japan for generations (as far back as 701 A.D., rules were made governing their operation) and had been a popular part of the economy of the poorer classes. In 1883 the first "Pawnbrokers Regulations" were promulgated and the commercial pawn-shop was recognized formally as a licensed business. In 1895 the Pawnbroker Control Law was enacted and is still the legal basis for commercial pawn-shops operation.

Commercial pawn-shops, due to their high interest rate only met the needs of a small part of the population, and upon general demand, the Public Pawn-shop Law was enacted in 1927.

The main differences between publicly financed pawn-shops and privately financed pawn-shops are as follows:

| <u>Classification</u>          | <u>Public Pawn-shop</u>                                                                                     | <u>Commercial Pawn-shop</u>                               |
|--------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Basic Law                      | Public Pawn-shop Law (1927)                                                                                 | Pawnbroker Control Law (1895)                             |
| Owner of Establishment         | City, town, village or public juridical person                                                              | Private person                                            |
| Principle of Management        | For public's interest, non-profit                                                                           | Strictly commercial, for profit                           |
| Government Grant               | Grant of $\frac{1}{2}$ the expenses for establishment                                                       | None                                                      |
| Rate of interest               | 3% per month                                                                                                | 10% per month                                             |
| Loan limit                     | A limit is set                                                                                              | No limit is set                                           |
| Calculation of interest        | Calculation by the day                                                                                      | Calculation by the month                                  |
| Time limit for pawn forfeiture | 4 months                                                                                                    | 3 months                                                  |
| Disposition of forfeiture      | On disposition of pawn balance, after deduction of capital, interest and 5% charge, is returned to borrower | The surplus price of disposition is retained by pawn-shop |
| Loan Fund                      | City, towns and villages supply funds through local bond issues                                             | From private resources only                               |
| Working staff                  | Local public officials or juridical persons                                                                 | Private individuals                                       |



Before the war there were more than 1,200 public pawn-shops but by 1945 there were only 465 and by March 1948 only 215. The main cause for this decrease was lack of public funds to operate. At present only ten cities in Japan have been able to raise funds to maintain public pawn-shops, their total investment amounting to ¥17,200,000. No appropriations have been made for public pawn-shops in the National Budget since 1937. The burden of financing has fallen entirely on local governments.

### The Japanese Red Cross

During 1949 the Japanese Red Cross expanded its service programs and chapter activities and held many training courses on a variety of subjects for instructors and students. By 31 December 1949 there were approximately 2,511,852 volunteer Red Cross workers. Consultant services, consisting of liaison representatives to SCAP, advisors to the Japanese Red Cross, field representatives for chapter development, consultants for medical social services, consultants for first aid and water safety and for all volunteer services were provided by the American Red Cross during 1949 which greatly aided in the improvement and expansion of all Japanese Red Cross activities and services.

Supplies in a total amount of over \$183,999 were donated to the Japanese Red Cross by American Red Cross in 1948 and 1949, plus \$50,000 worth of layettes, 1 ambulance and over \$104,320 in medical supplies. In all 397,079 lbs. of supplies were donated (Ref. Chart 23).

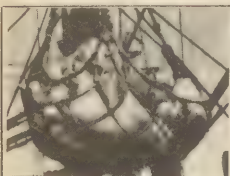
The JRC-CC drive held jointly during October of 1949 had as a total goal ¥1,221,717,000 (See "Community Chest", Chapter 7, Welfare). A donation of \$15,052.01 from the Liquidation Committee of the Tule Lake Cooperative Enterprises is to be held in the American Red Cross account in Washington, D.C., to meet dollar obligations of the Japanese Red Cross.

During 1949 courses for instructors and students in water safety and first aid were held all over Japan with special courses in these subjects given to the national and rural police. In the water safety program a total of 113 instructors and 5,633 students and 703 life savers were graduated. In the first aid program 4,234 students and 134 instructors were graduated. Thirteen training courses were held by National Japanese Red Cross Headquarters for home nursing instructors. One hundred and thirty-one instructors received certificates, are now working in the 46 prefectural chapters, and in turn have given home nursing instructions to approximately 17,000 people during 1949. There are about 150 men instructors in home nursing and the interest of men in this subject is increasing. The Japanese Red Cross at present operates one nursing college and 31 three-year nursing schools. These are responsible for training, guidance and instruction of the 2,560 nurses now working at 75 Red Cross hospitals, 69 dispensaries, five sanatoria and five mothers' and infants' homes.

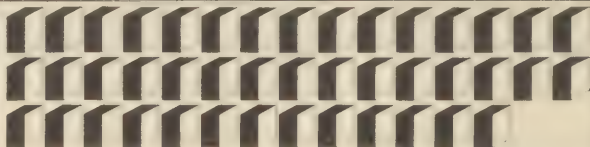
About 450 nurses are graduated from the Japanese Red Cross Schools each year after a three-year course of study. All of these nurses are

# RELIEF SHIPMENTS TO JAPAN<sup>★</sup>

1946-1949



FOOD



CLOTHING



MEDICAL SUPPLIES



COTTON (RAW)



MISCELLANEOUS



200 TONS RECEIVED

|                  |            |
|------------------|------------|
| FOOD             | 8,587 TONS |
| CLOTHING         | 2,779 TONS |
| MEDICAL SUPPLIES | 89 TONS    |
| COTTON (RAW)     | 359 TONS   |
| MISCELLANEOUS    | 541 TONS   |

★ FROM NON-APPROPRIATED SOURCES

(23)

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employed throughout Japan in nurseries, schools, health centers, general hospital, factories and in disasters.

In the field of medical social work, six Japanese Red Cross personnel completed a three-months training course and have been assigned to Red Cross Hospitals to provide medical social work services. A continuing program of training in medical social work is planned.

The Japanese Red Cross has actively participated in the repatriation program in Japan by sending teams of doctors and nurses to the various repatriation centers to assist in the processing of repatriates.

One of the major projects for 1950 and already begun in 1949 is the Blood Bank Program. The Japanese Red Cross was designated by law as the agency to undertake the Program. Dr. Katsuji Kato was sent to the United States on the invitation of the American Red Cross to study all phases of the Blood Bank Program as it operates there. Plans provide for a main Blood Bank Center in Tokyo, this Center to be not only an operational center but to carry on research in hematology.

International Red Cross Committee channels have been re-established for the transmission of messages for next of kin to Formosa and Japan for former members of Japanese Armed Forces serving war crimes sentences on Manus Island.

The Japanese Red Cross has contributed to the League of Red Cross Societies the sum of 6,000 Swiss Francs and will continue to make yearly contributions, commensurate with its financial status, to meet its international obligations.

The enrollment of Junior Red Cross members has increased steadily and as of 31 December total membership was 494,123. A number of exchange programs are being carried on between Japanese Junior Red Cross and American Junior Red Cross. A gift of 445 pictures painted by American Junior Red Cross members was sent to Japan and will be exhibited in a 16-day show in Tokyo. Also to be exhibited are some 1,100 pictures and art objects done by Japanese Junior Red Cross members. One hundred and twenty-six international school correspondence albums have been sent to schools in the United States by Japanese Junior Red Cross and 66 have been received in return; 25,000 gift boxes were sent by American Junior Red Cross and distributed by the Japanese Junior Red Cross, Tokyo Chapter Council.

A gift of ¥180,000 was given by the 519th MP Battalion, US Army to the Junior Red Cross of Kanagawa to rebuild their school destroyed by fire.

The first post-war summer camp was held by the Yamagata Chapter in 1946 for a ten-day period and took care of 255 children. In 1949, 19 chapters held summer camps for primary school children with an average camp period of 10.4 days and a total of 1,418 children in attendance.

One of the most important activities of the Japanese Red Cross is their disaster relief work carried out in coordination with the



Government Disaster Relief Planning Board created under the Disaster Relief Law. The great value of participation in the national Disaster Relief Program was well brought out during and immediately after Typhoon "Kitty" in August 1949. From the time the first typhoon warning came in, the National Japanese Red Cross disaster staff went on 24-hour duty and alerted all chapters concerned. Medical teams from National Headquarters treated 4,020 sufferers. Local chapter medical teams treated 1,793 patients. Water supply teams were dispatched to areas where water had been made unsafe for drinking.

The Japanese Red Cross continues to publish a monthly magazine "Red Cross Home News" with a circulation of 40,000 copies. A small portion of the circulation is sent to the chapters, with the bulk of the circulation being sold to the general public at a small sum per copy.

The Public Information Section has developed and distributed films on Red Cross activities in Japan, and plans to film their first aid and water safety activities programs in 1950 are well under way.

Plans for 1950 include expansion of the volunteer services, increase in chapters, amplification and increase in programs, the inauguration and development of the Blood Bank and re-establishment of relations with the League of Red Cross Societies as well as the sending of selected Japanese Red Cross personnel to the United States for study. The nation-wide Japanese Red Cross fund Drive to be in May 1950 will be the major enterprise for the early part of the year.

### Housing

As of 31 December 1949, there was an approximate shortage of 4,617,300 dwelling units in spite of the building program of 1945-49. This increase in needed dwellings is attributed to increase of population (return of repatriates and service men), increase in family units, recurring disasters and unreplaced losses. (Ref. Chart 24)

The greatest shortage at present is in urban areas due to the return of people to cities and industrial centers from the country where they had been sent during the later war years and the concentration of repatriates in these same urban areas.

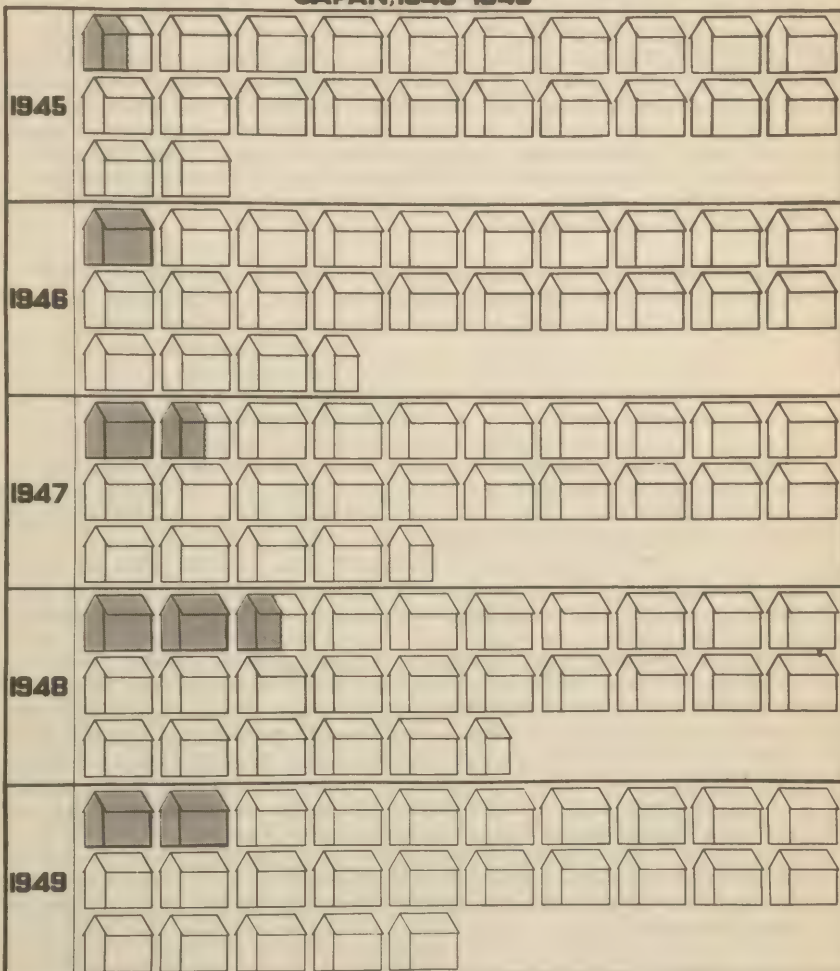
Since Japan is a country of many small manufacturers and cottage industries, a good portion of dwellings are used for both living and business purposes. At present approximately 1,696,742 units or 12.26% of all dwellings in Japan are partially used for business purposes.

During 1949 under the auspices of the Japanese Government Housing Construction Program, approximately 496,328 houses were built in Japan. Of this number, 87% was used for dwellings. It is estimated that about 75% of all dwellings are owned by occupants, 15% leased and 8% are issued dwellings. 62% of all dwellings are constructed on leased land.

Building activity has been held back by lack of building materials, primarily lumber, high cost of materials, and poor distribution, as

# HOUSING SITUATION

JAPAN, 1945-1949



200,000 HOUSES BUILT



200,000 HOUSES NEEDED BUT NOT BUILT

TOTAL

|                                     | 1945      | 1946      | 1947      | 1948      | 1949      |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|
| 200,000 HOUSES BUILT                | 144,500   | 237,500   | 315,500   | 486,500   | 377,700   |
| 200,000 HOUSES NEEDED BUT NOT BUILT | 4,268,500 | 4,478,500 | 4,632,000 | 4,643,500 | 4,617,000 |
| TOTAL                               | 4,413,000 | 4,716,000 | 4,947,500 | 5,130,000 | 4,994,700 |

(24)

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well as a shortage of skilled construction labor. The long term forestry situation of Japan is such that a substantial increase of the marketable indigenous supply cannot be counted upon in the immediate future. A very satisfactory substitute for lumber in Japanese construction has been found in the use of cement. Japanese cement producing capacity is adequate. The disaster experiences of Japan are such as to indicate that cement construction is the most practical building material; however, the Construction Ministry found one of its major problems has been to "sell" cement and other newer building materials and methods to the Japanese people who are addicted to wooden construction. To demonstrate the worth and practicability of cement construction, the government in 1949 subsidized the construction of a number of large multiple housing units in the form of apartment dwellings in many prefectures.

The average cost of a new wooden construction dwelling in 1949 was approximately ¥250,000 for a 12.5 tsubo unit. The average monthly rent collected from nationally subsidized housing in 1949 was:

|                     |       |               |
|---------------------|-------|---------------|
| Wooden construction | ¥ 363 | 10 tsubo unit |
| Reinforced concrete | 1,350 | 14 tsubo unit |
| Concrete block      | 976   | 12 tsubo unit |

During 1950 the government's efforts in the housing program will be: to increase the supply, and expedite the flow of building materials by controlled and planned use of available indigenous materials, and the introduction of new materials, designs, and processes; to maintain prices and construction wages; to guide construction to areas of greatest need; and to collect and maintain adequate statistics on the housing needs in Japan in general. A continuation of government administration devices and controls is planned to insure maximum accomplishment of the building program. To assist individuals in financing the building of their own homes the Ministry of Construction is seeking to have an Independent Housing Finance Organ established, financed with government funds to be called the Housing Loan Corporation. As yet Japan does not have a national standardized building code or architects license law. The Ministry of Construction with the assistance of SCAP is working on both these laws and expects to have them, as well as the financing program ready for presentation to the Diet in 1950.

The passing of these laws will aid immeasurably in promoting more and better houses within the financial resources of the average office or industrial worker.

#### Consumers' Livelihood Cooperative Association

This federation, prior to the war, became a member of the International Cooperative Alliance. Membership in the International League was dropped during the war but application for re-admission has been requested by the Post-war Cooperative League of Japan and the International Cooperative Alliance.

Consumers' Cooperatives function now under the Consumers' Livelihood Cooperative Association Law (Law No. 200, 1948) and the Smaller



Enterprise Cooperative Law (Law No. 181, 1949). These consumers' co-operatives operate in nearly all fields of endeavor - merchandising, agriculture, light industry, fishing, health services, labor unions, producing, disbursing, selling, and in all urban and rural areas.

At the end of 1949, 748 Consumers' Cooperatives, throughout all 46 prefectures of Japan, were in active operation. These are organized into seven Consumer Cooperative Federations representing 2,196,473 investment units with approximately ¥128,905,170 invested.

The post-war cooperatives in Japan operate on the 9 basic principles laid down by the first cooperative association in England. These 9 basic principles are:

1. One member, 1 vote.
2. Elected Directorate (not appointed).
3. Fixed low rate of interest on capital.
4. Normal (current) retail prices.
5. Cash business only.
6. Patronage (dividend) distribution of proceeds.
7. Education and training as part of cost of operations.
8. Open, voluntary membership.
9. Non-political, non-religious organization.

In connection with the desire of the Cooperative League of Japan to re-affiliate with the International Cooperative Alliance and to introduce the most modern concepts and practices into the movement in Japan, Dr. Toyohiko Kagawa, President of the Japan Cooperative League will visit the United States in the early part of 1950 on a study visit of cooperatives and the cooperative movement there.

Many cooperatives have been formed by repatriates with funds obtained through the Rehabilitation Loan Fund, but most such cooperatives have not been too successful. The Cooperative League of Japan, through its publicity and education program is endeavoring to correct the abuses and lack of sincerity and responsibility evinced by certain groups engaged in the cooperative movement.

Due to government controls clamped on the cooperatives during the war, independent activity was practically nullified. This close government supervision and control has been largely eliminated by the new law enacted in 1949. This new law prohibits and does away with "Control Organizations" and stressed the fact that cooperatives must not perform government functions or control activities. The Small Enterprise Agency is the authority responsible for guiding the cooperatives program, however, this agency is strictly adjured to give only guidance and not supervision to insure autonomy of the cooperatives.

It is the aim of both the government through its Small Enterprises Agency and the Cooperative League of Japan, during 1950, to eradicate the old abuses in the cooperative movement in Japan by an educational and informational program that will reach all individual members.

Licensed Agencies for Relief in Asia (LARA)

During 1949, 6,519,785 lbs. of relief goods were shipped into Japan. Because a good part of the 1949 shipments included expensive items such as medicines the dollar value was approximately the same as 1948. LARA's food shipments have been allocated: 44% to 2,015 regular programmed institutions, 8% to 676 day nurseries, 9% to 253 national hospitals and sanatoria, 2% to 40 student dormitories, 29% to three other school programs, 2% to 16 leprosaria, 5% for disaster relief and 1% for miscellaneous.

Two shipments of goats were imported through LARA by "Heifers for Relief" to Japan in 1949 and totalled 539 goats. These were distributed through the Ministry of Welfare, Ministry of Agriculture and Forestry and Ministry of Education. Since the first shipment in 1947 2,190 goats have been brought in and distributed.

LARA has stressed relief-aid to children's programs. Distribution to day nurseries have been extended to include 40% more children than in 1948 or a total of some 58,000 children. The distribution of powdered milk to babies has been increased in the Tokyo area where \$32,000 was especially contributed by Occupation personnel to purchase milk. This money was raised by means of special "Milk Fund" drives during the holiday season.

Ten thousand university students, living in selected dormitories, have been given a supplementary ration of food. This amounted to about 10 lbs. per student every four months and was made up of protein-rich foods, skimmed milk and milk products, various canned goods, sugar and salt.

Clothing contributions have been made to more than 50,000 families, primarily widows and their children. A special allocation of clothing was made to scholarship students receiving aid from the Ministry of Education. Imports of valuable and scarce medicines have come in in appreciable quantities, including streptomycin and have been issued to selected medical institutions and patients with the advice of Public Health and Welfare Section. Substantial quantities of cod-liver oil have been distributed in institutions in the northern part of Japan where rickets are in evidence.

LARA projects largely concerned with adults are allocations to TB sanatoria, leprosaria and homes for the aged. Due to the fact that women's clothing is received in much larger quantities than men's clothing, it has been possible to distribute substantial amounts of women's clothing to the women students of senior high schools and colleges in the Tokyo area.

LARA representatives visited over thirty prefectures in 1949 and this close contact and survey has developed a program of service out-stancing for its minimum of abuse and practical immediate assistance. Innumerable expressions of gratitude in the forms of letters, children's handwork, pictures and other materials that have come in to the LARA office have been forwarded to groups in the donor countries and have been of tremendous value in continuing the interest in the LARA program in Japan.

On 31 March 1950 the present agreement of LARA with SCAP comes to an end and LARA representatives and officials of the Japanese Government have worked out a new agreement whereby LARA will operate directly with the Japanese Government following the same general principles, policies and programs as heretofore.

In plans for 1950 LARA expects to continue its full scale relief program with the possibility of additional gifts available from United States agricultural surpluses, through the Department of the Army. There will be some reduction of allocations to nursery schools, but supplies from this reduction will be used in new programs. Distribution of clothing and supplies to needy non-institutionalized persons will continue.

The primary objective of the LARA program to help meet the needs of the destitute and underprivileged, without discrimination or preferential treatment on a basis of actual need has been amply and gratifyingly fulfilled in their program here in Japan in the past four years. In 1950 emphasis will be continued on "Rehabilitation".

#### Cooperative for American Remittance to Europe and Far East (CARE)

During 1949 a revision and increase in the protein content of food packages was made to more amply meet the needs of the Japanese people in addition to an increase in the contents of woolen suiting and knitting, wool packages, and a decrease in price of the blanket package. The CARE Book Program for Japan was instituted with an initial distribution to the National Diet Library in Tokyo in 1949. Thirty-five cases of soap were distributed to seven orphanages, five cases of shaving cream were given to LARA for distribution and 20 cases of baby powder were distributed.

The CARE program has been given wide publicity by the press and radio and a CARE documentary film made in conjunction with CI&E, with Japanese sound track was widely shown throughout Japan during 1949 (Ref. Chart 23).

#### United Nations International Children's Emergency Fund (UNICEF)

In response to an invitation extended by the Supreme Commander for the Allied Powers to the United Nations International Children's Emergency Fund in behalf of Japanese children, UNICEF dispatched a representative in March to conclude a UNICEF/SCAP agreement which was signed 29 July 1949. Shortly thereafter, a \$500,000 program for Japan was formally approved by UNICEF. This allocation has provided additional help to children's programs.

#### The School Lunch Demonstration Program

This program was designed as a demonstration project to serve a daily school lunch to 55,800 children in 55 selected primary schools



throughout the 46 prefectures and to train key school lunch personnel in all 55 schools in food handling techniques, food sanitation, food preparation, menu planning, food purchasing and storage, and nutrition, to an extent that would make possible each school becoming a model demonstration training center for the other schools which have been conducting the nation-wide school lunch program since 1946 in their respective districts (See Chapter 7, School Lunch Program).

This program entered the implementation stage 17 October when the first group of 21 schools initiated their programs. Most of the remaining schools initiated their programs in November.

The daily 500 calorie lunches served in this demonstration program include 50 grams of UNICEF dried skim milk, 50 grams of dried skim milk supplied by the Ministry of Education, and indigenous foods provided by the local governments and Parent Teacher's Association.

Careful studies of the effects of 100 grams of dried skim milk on the children's height, weight, resistance to disease, ability to learn, and general well-being are being made. A control school with similar building and heating facilities has been selected in the same city with each UNICEF school for use in evaluating the effect of milk on primary school children.

To implement the demonstration training aspect of this program, Yabata Primary School in Tokyo was selected by the Ministry of Education to serve as the all-Japan model school lunch training center. With the assistance of a consultant provided by UNICEF, the school lunch personnel in Yabata school have received one month's intensive training in both school lunch techniques and teaching methods. During the first three months of 1950 all school lunch personnel from the 55 selected schools will attend this demonstration at Yabata School.

The school lunch coordinators will each receive two days demonstration and practice with emphasis on purchasing and storage of food, sanitation, public relations, and liaison activities between teachers and school lunch personnel within the school and between community organizations and the school. The school lunch managers and the cooks will receive three days intensive training and practice in the school kitchen.

The original plan for the School Lunch Demonstration Program has been extended from the original 215 days of the 1949-50 school year to last through the year 1950. This extension was made possible by an additional amount of milk which UNICEF was able to provide within the original dollar allocation.

#### The Day Nursery Feeding Program

This feeding program, which was initiated in November 1949, by the Children's Bureau, Ministry of Welfare, in 38 institutions located in 12 cities, feeds 5,000 small children whose mothers in the lower

income bracket are working during the day while the children are in these day-care centers. The 50 grams of UNICEF dried skim milk served per child per day in this program, is supplemented by a 500 calorie lunch served entirely free of charge to the 5,000 beneficiaries. As in the School Lunch Demonstration Program the government adds to the 50 grams of UNICEF milk, and 75 grams of milk is fed to each child daily in a hot mid-day meal and in mid-morning and mid-afternoon "snacks".

This program also includes the careful tabulation of the effects of milk on the small child as in the School Lunch Demonstration Program and the Ministry of Welfare and the Ministry of Education are extracting information which will definitely establish the importance of animal protein foods given in effective quantities, in strengthening disease resistance and assuring physical growth and development.

The Day Nursery Feeding Program plan has also been extended from the original nine months to last through the year 1950 because of the receipt of additional quantities of UNICEF milk.

#### Infant Feeding Program

To assist the Ministry of Welfare's Health Center Maternal and Child Care Program, 86,856 pounds of dried whole milk was contributed by UNICEF for distribution through 18 health centers, located in cities, to 3,000 infants whose families could not otherwise meet the requirement.

This milk is distributed at the health center every two weeks after the infants have attended the Well-Child Clinics. It is hoped that this will establish habits of health center attendance and bolster the attendance as well as increase the understanding of health center services in the community.

#### Clothing Program

UNICEF provided 1,382 bales of raw cotton which has been manufactured into enough clothing to provide each of the 400,000 children between the ages of three and eleven years, whose families receive public assistance, a set of clothing which includes warm underwear and an outer garment. To date, a total of 248,710 children between the ages of three and six years have received their clothing.

#### Planned Programs for 1950

At the close of the year, UNICEF Headquarters advised their representative in Japan that an additional allocation of 1,900,000 pounds

of dried skim milk to Japan had been made possible within the original \$500,000 allocation.

In addition to the extension of the School Lunch Demonstration Program and the Day Nursery Feeding Program to the end of the year 1950, the following new programs have been approved and should enter the implementation phase in April 1950. Each child will receive 50 grams of powdered skim milk daily, free of all costs, UNICEF supplying the milk, the Japanese Government providing transportation and distribution costs.

| <u>Priority</u> | <u>Institutions</u>                                                            | <u>No. of Children</u> | <u>No. of Institutions</u> |
|-----------------|--------------------------------------------------------------------------------|------------------------|----------------------------|
| 1               | Public children's tuberculosis sanatoria                                       | 396                    | 5                          |
| 2               | Public and private tuberculosis                                                | 6,332                  | 251                        |
| 3               | Public and private homes for crippled children                                 | 788                    | 11                         |
| 4               | Public leprosaria                                                              | 418                    | 10                         |
| 5               | Public and private orphanages                                                  | 14,570                 | 275                        |
| 6               | Juvenile correctional institutions for children under 14 years of age          | 4,070                  | 58                         |
| 7               | Juvenile correctional institutions for children 14-20 years of age             | 2,650                  | 56                         |
| 8               | Public and private homes for mentally deficient, blind, deaf and dumb children | 888                    | 23                         |
| 9               | Widow and child homes                                                          | 10,526                 | 260                        |
| 10              | Health centers with needy tuberculosis children under their supervision        | 4,040                  | 127                        |
|                 | Total                                                                          | 44,678                 | 1,076                      |

#### United Nations

Working within the framework of the SCAP-UNICEF Agreement, the services of a child welfare specialist were requested, and UNICEF, in consultation with the United Nations Department of International Affairs, Division of Social Activities, secured the expert requested. This consultant, trained in Canada and the United States with experience in both countries as well as Great Britain, arrived in Japan in October and began a series of surveys of 14 selected child care centers throughout Japan. Following these surveys it is planned in 1950 to



develop two or more child care demonstration centers staffed to meet current children's needs within selected communities and organized so as to secure the maximum from current public welfare and child welfare legislation. While it is recognized that the degree of skill required will be slow in developing to an adequate level, this survey and demonstration will serve to give the Japanese a competent working laboratory within which to test child welfare legislation, programs and administrative procedures.

## Chapter 8

### SOCIAL SECURITY

The social security programs were subject to considerable pressure during the year as a result of the implementation of the Nine-Point Economic Stabilization Program but generally they maintained their previous gains. The halting of the inflation spiral by the stabilization program was of inestimable value to all the social security plans. Major accomplishments were attained in planning, legislation and administration.

Tight money conditions due to restrictive credit policies and decrease in subsidies, unemployment resulting from re-adjustments in industry and government, and reduced budgets were the principal causes of difficulties. Tax and contribution collections lagged and there was a very marked increase in the utilization of medical service under the insurance programs.

Fortunately, the total unemployment in industry and government did not become a burden to the various relief and protective programs. Apparently self and family employment, particularly in agriculture, absorbed most of such lay-offs. Neither unemployment insurance nor welfare assistance reflected critical increases in load though the trend was definitely upward. The increase in unemployment insurance was proportionally large because it was a new program and workers were becoming aware of its benefits. However, the load was well within the capabilities of the new administrative machinery and the available funds. Plans for increasing public works to be financed by Counterpart Funds are expected to absorb most of the increased unemployment.

The major increase in utilization of medical services under the insurance programs was a striking development during the year. It reflected the results of the expanded informational program, increased cooperation by the doctors due to improvement in the insurers' handling of their bills, and the stringent economic conditions. The latter appears to be the prime factor in this development. An example of the increase is shown in society-managed Health Insurance where recipients of medical care and amounts of cash benefits doubled during the year and recipients of dental care soared from 35,000 in April to 135,000 in October.

The lag in collection of premiums and the concurrent increase in costs, due to the greater utilization of medical care, caused a crisis in the program under the Health Insurance Law. It was solved by loans, increased contribution rates, intensive policing of medical bills and the use of insurance privileges, and by the imposition of a cash-fee charge on the insured upon his initial contact with the doctor.

Similar difficulties were experienced by the local National Health Insurance plans. The great increase in utilization of service under this program, particularly in the early part of the year which showed

an eight-fold expansion of medical and dental care from April to June of ¥51.7 million to ¥416.5 million, put a tremendous burden on the program.

Because of the autonomous status of the local agencies administering National Health Insurance, each one had to solve its problems within local circumstances and by local resources. Some, by incurring large deficits, postponed facing the issues directly. Others reduced benefits and a few even discontinued operations. On the whole, a moderate upward trend in coverage and effectiveness continues.

Health insurances became the major source of income for the medical profession and principal source of medical care for the population. Difficulties in financing these programs stimulated increased concern on the part of the general public regarding the administration and substantive features of these programs and caused considerable discussion in the Diet and in the press.

### Advisory Council on Social Security

The establishment and organization of the national Advisory Council on Social Security was accomplished during the year. It is on Cabinet level and now consists of forty member representatives from all important groups in Japan, including employers, employees, the medical profession, government officials, the general public and members of the Diet. The Council is charged with "...investigating, deliberating and making recommendations on social security in Japan". It has the basic responsibility for formulating a total social security program for Japan as to scope and timing of application for considerations of the Diet. The report of such a proposal is scheduled for the latter part of 1950.

The Council also reviews and gives advice to the Prime Minister and the Cabinet on all current legislation and major policy decisions relating to social security matters proposed by the various ministries. It has an administrative staff and technicians; however, dependence is placed on the various Ministries for data and professional assistance.

### Legislation

Significant amendments were made in the social insurance laws during the year. They represented some increase in coverage, furthering of democratic and local autonomy concepts, measures to meet current problems and steps toward uniformity and integration. However, the major legislative program awaits the release of the report of the Social Security Advisory Council. The amendments are summarized in the following paragraphs.

Modifications were made in the Social Insurance Medical Fee Payment Fund Law that were designed to strengthen its financial basis and to expedite payment of doctors' fees. The changes had the concurrence of the medical profession.

Revisions to the Welfare Pension Insurance, Seamen's Insurance and the Health Insurance Laws were adopted to provide:



1. Standardized definitions of earnings to be included in computation of contributions and benefits.
2. Standardized wage groupings, maximum amounts of earnings and, for Welfare Pension Insurance and Health Insurance, maximum amounts to be used in computing contributions and benefits. Increased ceilings on taxable wages related to increased cost of medical care.
3. Revised and transferred from Cabinet Order to law the provisions for advisory councils.
4. Lessened duplication of administrative procedures between programs.
5. For Health Insurance, invoked an initial-fee charge to insured and increased penalty provisions to minimize program abuses.

The Unemployment Insurance Law was amended to extend coverage to various groups formerly exempt, including coverage, for the first time under any social insurance program, of casual or day workers. The total increase approximates 1.2 million persons.

In the course of development of the People's Finance Corporation Law, the Pension Bank Law was repealed, thus terminating the practice of encumbering future benefits under the Government Pension System and thwarting attempts to expand this practice to pensioners under other social insurance programs.

In accordance with SCAPIN 1949, "Responsibilities of Japanese Government Relative to Physical Examinations, Immunizations, Medical Care, Hospitalization and Other Benefits for the Japanese Nationals Employed for Duty with the Occupation Forces", Japanese social insurance protection became effective for Japanese personnel working for the Occupation Forces. Costs to the Japanese Government are chargeable to war termination costs.

#### Administration

Increased utilization of informational service, in-service training, appeals procedures and advisory councils was a particular feature of the operations of the social security programs during the year. Though budget limitations prevented a major expansion of administrative machinery for these activities, lack of appreciation of need for such activities on the part of government officials was the greatest deterrent. Pressure from such organized groups as the Japan Medical Association and the Health Insurance Federation has fostered effective use of advisory councils and similar demands by the insured are causing a slow but steady increase in appeals and fair hearings.

Specific administrative developments that occurred during the year are summarized in the following paragraphs.

A general in-service training school for social insurances was revived. This school is part of the Ministry of Welfare in-service

training program and was held in June 1949 for the first time since the war. Personnel, recently advanced from "employee" to "official" rank, from the Insurance Bureau of the Ministry of Welfare and the prefectural Insurance Sections participated. Ninety-seven persons attended the one-month school. It is hoped to give two such courses annually and to extend the session. Three ten-day courses were held for persons engaged in administering municipal or Association operated National Health Insurance. In connection with the program to send national leaders to the United States for the purpose of broadening their knowledge in specialized fields, recommendations resulted in the selection of the Vice-Chairman of the Advisory Council on Social Security departing in December 1949 for a three-month tour of public and private agencies concerned with social security in the United States.

A monthly statistical program was established to furnish current activity reports and to provide basic actuarial data with reference to all the social insurances.

Considerable data and information were gathered for the use of the Shoup Taxation Mission and advice and technical assistance were given to that group on matters pertaining to social security financing. Their report concurred with the recommendations for increasing fiscal capacity of local communities, promoting distribution of national subsidy in relation to need, and intergration of administration of social insurance programs.

As a guide to be used in the formulation and administration of National Health Insurance programs by the communities, clarifying instructions were issued setting forth the standards to be followed in the calculation of budgets of income and expenses for a typical community, the rules to be observed in the inspection and payment of medical bills, and the procedures to be followed in removing the duplicate coverage of dependents currently insured under other health insurance programs.

As an aid to the insured and the insurance doctors, a new and comprehensive insurance certificate card was developed and put into use by the insured under Health Insurance. The card carries case histories of the insured and his dependents, gives the doctor or doctors needed case information or sources of information, and precludes card utilization by the non-insured.

Further cooperation was attained between Government insurance officials and the medical associations in improving the standards of medical services for the insured, and for solving administrative problems involved in reviewing, processing and paying medical service bills.

Initial steps were taken regarding the disposition, financing and operation of medical care facilities established or in process of construction by the Government in the areas of small coal mines as part of the incentive program for promoting coal production. Policies were prescribed requiring that: (1) the facilities be operated under the jurisdiction of the local community where they are located, with actual title to the properties to be transferred to that public entity as soon as fiscal arrangements could be completed; (2) the facilities be

operated as non-profit public institutions in coordination with the social insurance medical care program; and (3) the accumulated funds be allocated on an equitable basis to the various communities concerned.

Current English translations of the National Health Insurance and the Health Insurance Laws and pertinent regulations were published. Translations of the Welfare Pension and Seamen's Insurance Laws and applicable Ordinances were completed preparatory to printing.

With the shift of field supervision from prefectural Military Government teams to the eight regional Civil Affairs staffs, personnel were assigned to social insurance matters on a full time basis in the three more populous regions. Specific members of the other staffs were given special responsibilities with reference to the social insurances. The first of a series of training conferences for such personnel was held in Tokyo in December 1949.

Salient data with reference to the various social insurances including coverage, financing and benefits are included in charts 25 and 26.



# SOCIAL INSURANCES AND RELATED PROGRAMS

| LAW                                                               | COVERAGE                               |                                                            | ADMINISTRATION                            | FINANCING <sup>A</sup>                                                         | BENEFITS                                                                                             |
|-------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
|                                                                   | NUMBER                                 | CLASSIFICATION                                             |                                           |                                                                                |                                                                                                      |
| HEALTH INSURANCE (1922)                                           | 6,100,000 - PLUS 14,000,000 DEPENDENTS | INDUSTRIAL AND COMMERCIAL WORKERS                          | SOCIETY OF GOVERNMENT                     | EMPLOYER - EMPLOYEE EQUALLY                                                    | MEDICAL, CASH ALLOWANCES, MATERNITY, FUNERAL                                                         |
| WELFARE PENSION INSURANCE - (1941)                                | 5,800,000                              | INDUSTRIAL AND COMMERCIAL WORKERS                          | GOVERNMENT                                | EMPLOYER - EMPLOYEE EQUALLY                                                    | INVALIDITY, RETIREMENT, OLD AGE, SURVIVORS                                                           |
| WORKMEN'S ACCIDENT COMPENSATION INSURANCE - (1947)                | 6,800,000                              | INDUSTRIAL AND COMMERCIAL WORKERS                          | GOVERNMENT                                | EMPLOYER                                                                       | MEDICAL, CASH ALLOWANCES, INVALIDITY, FUNERAL, SURVIVORS                                             |
| UNEMPLOYMENT INSURANCE (1947)                                     | 5,600,000                              | INDUSTRIAL AND COMMERCIAL WORKERS, INCLUDING DAILY WORKERS | GOVERNMENT                                | EMPLOYER, EMPLOYEE AND GOVERNMENT - $\frac{1}{3}$ EACH                         | CASH ALLOWANCES                                                                                      |
| SEAMEN'S INSURANCE (1939)                                         | 120,000 PLUS 250,000 DEPENDENTS        | SEAMEN                                                     | GOVERNMENT                                | EMPLOYER - SEAMAN (68% - 32%) PLUS $\frac{1}{3}$ UNEMPLOYMENT BENEFITS SUBSIDY | MEDICAL, CASH ALLOWANCES, INVALIDITY, RETIREMENT, OLD AGE, FUNERAL, SURVIVORS                        |
| NATIONAL HEALTH INSURANCE (1938)                                  | 27,900,000                             | RURAL AND SELF-EMPLOYED AND DEPENDENTS                     | LOCAL PUBLIC BODY OR ASSOCIATION          | INSURED PLUS CAPITAL OUTLAY SUBSIDY                                            | MEDICAL, MATERNITY, FUNERAL                                                                          |
| GOVERNMENT PENSION SYSTEM (1871)                                  | 500,000                                | GOVERNMENT OFFICIALS                                       | GOVERNMENT                                | GOVERNMENT (95%) - EMPLOYEE                                                    | INVALIDITY, RETIREMENT, OLD AGE, SURVIVORS                                                           |
| NATIONAL PUBLIC SERVICE MUTUAL AID ASSOCIATIONS (1905)            | 2,400,000 PLUS 4,200,000 DEPENDENTS    | GOVERNMENT OFFICIALS AND EMPLOYEES                         | MINISTRY OR PUBLIC ENTERPRISE ASSOCIATION | GOVERNMENT AND EMPLOYEE EQUALLY                                                | MEDICAL, CASH ALLOWANCES, FUNERAL, CALAMITY, INVALIDITY, RETIREMENT, OLD AGE, SURVIVORS <sup>C</sup> |
| PUBLIC EMPLOYEE ACCIDENT COMPENSATION (LABOR STANDARDS LAW, 1947) | 2,700,000                              | PUBLIC OFFICIALS AND EMPLOYEES                             | GOVERNMENT                                | GOVERNMENT                                                                     | MEDICAL, CASH ALLOWANCES, INVALIDITY, FUNERAL, SURVIVORS                                             |
| SEPARATION ALLOWANCES (1947)                                      | 2,700,000                              | PUBLIC OFFICIALS AND EMPLOYEES                             | GOVERNMENT                                | GOVERNMENT                                                                     | CASH ALLOWANCES, SURVIVORS                                                                           |

A. PROGRAMS NOT GOVERNMENT ADMINISTERED RECEIVE SUBSIDY FOR ADMINISTRATIVE COSTS

B. INTERIM STATUS PENDING ENACTMENT OF LAW TO SUCCEED 1892 ORDINANCE

C. EXCLUSIVE OF OFFICIALS COVERED BY GOVERNMENT PENSION SYSTEM

31 DECEMBER 1949

# **SOCIAL INSURANCE CONTRIBUTIONS AND BENEFITS** **1949**

| PROGRAMS                                                     | CONTRIBUTIONS<br>B<br>COLLECTED | TOTAL BENEFIT<br>COST | MEDICAL AND ALLIED BENEFITS <sup>A</sup> |                  |
|--------------------------------------------------------------|---------------------------------|-----------------------|------------------------------------------|------------------|
|                                                              |                                 |                       | CASES                                    | AMOUNTS          |
| HEALTH INSURANCE                                             | G ¥ 9,615,751,727               | ¥ 10,066,451,844      | 12,942,994                               | ¥ 8,268,323,531  |
|                                                              | S ¥ 12,717,428,627              | ¥ 10,410,827,837      | 16,740,237                               | ¥ 7,619,562,000  |
| WELFARE PENSION INSURANCE                                    | ¥ 10,838,063,168                | ¥ 426,304,415         |                                          |                  |
| WORKMEN'S ACCIDENT COMPENSATION INSURANCE                    | ¥ 5,795,967,723                 | ¥ 4,736,450,033       | 681,688                                  | ¥ 1,348,730,826  |
| UNEMPLOYMENT INSURANCE                                       | ¥ 8,595,976,890                 | ¥ 5,680,413,857       |                                          |                  |
| SEAMEN'S INSURANCE                                           | ¥ 832,199,791                   | ¥ 811,607,698         | 552,478                                  | ¥ 497,487,853    |
| NATIONAL HEALTH INSURANCE <sup>C</sup>                       | D ¥ 7,986,936,000               | ¥ 7,473,324,000       | 14,597,000                               | ¥ 7,385,851,000  |
| GOVERNMENT PENSION SYSTEM                                    | ¥ 2,834,734,751                 | ¥ 2,467,473,671       |                                          |                  |
| NATIONAL PUBLIC SERVICE MUTUAL AID ASSOCIATIONS <sup>C</sup> | ¥ 11,584,946,342                | ¥ 10,255,012,419      | 9,735,129                                | ¥ 5,652,761,560  |
| TOTAL                                                        | ¥ 70,802,005,019                | ¥ 52,329,865,774      | 55,249,526                               | ¥ 30,772,716,770 |

A - IN KIND OR CASH

B - GOVERNMENT SUBSIDIES EXCLUDED EXCEPT FOR LAST TWO PROGRAMS WHERE GOVERNMENT IS EMPLOYER AND BREAKDOWN NOT AVAILABLE.

C - ESTIMATE BASED ON DATA FOR PART OF THE YEAR.

D - INCLUDES BOTH CONTRIBUTIONS COLLECTED AND PARTIAL LIABILITY COSTS PAID BY INSURED.

G - GOVERNMENT MANAGED.

S - SOCIETY MANAGED.

SOURCE - PREPARED FROM DATA SUPPLIED BY VARIOUS AGENCIES IN THE JAPANESE GOVERNMENT

JAPAN - 31 DECEMBER 1949

(26)

## Chapter 9

## NATIONAL PARKS

Pre-Occupation Situation

Shortly following the establishment in 1872 of Yellowstone National Park in the United States, some of the Japanese pioneers returning from the United States advocated a similar enterprise for Japan and the movement found some followers and supporters, but it was not until 1912 that a petition was presented to the Diet requesting that action be taken on the project. No action resulted until in response to a second petition, in 1921, the Health Bureau of the Home Ministry began investigations to choose nationally significant sites. Soon 16 suitable sites were selected and actual surveys of the areas were begun. A few sites were gone over each year and the survey work was completed in 1928. During the next few years a few Japanese trained in forestry, landscape architecture and engineering were sent to inspect these selected areas and also to observe the national parks of America and Europe. On the return of these observers the government established the National Parks Investigation Committee and set up the policy for the parks enterprise patterned after the American system, primarily. The original National Parks Law was enacted in 1931 and it provided for a National Parks Committee. On advice from this Committee the government picked 12 sites for final choice and between 1934 and 1936, with enthusiastic applause and anticipation from the people the government (Home Ministry) officially designated all twelve sites as national parks.

Due to inadequacy of the management system and failure to make adequate budgetary appropriations, the government's national park enterprise failed to meet the expectations of the people. The military clique had no conception of nor interest in the park system. Some notable contributions were made toward development of the parks by local governments and private individuals, however, and they were sufficiently popular by 1940 to attract 7,500,000 visitors during that year. Three parks, Nikko, Fuji-Hakone and Setonai Kai, accounted for over 4,000,000 visitors. The engaged at this time in a war in China and in feverish preparation for World War II the government continued with its plans for national parks as part of its land-use scheme. It visualized an enlargement project to be finished about 1960. It was estimated that the population would be 100,000,000 and that 20% would be utilizers of the parks each year. So the decision was made to set the average area per park at 240,000 acres, in order to accommodate 1,000,000 visitors per year in each, and to establish 20 such parks for the whole country. Naturally, the advent of the War prevented the fulfillment of any such plan.

National Park Situation in 1945

At the beginning of the Occupation, it was evident that administration, supervision and maintenance of the national parks had com-



pletely collapsed during the war years. There had been no maintenance of roads, trails, shelters or sanitary facilities. No field organization for local supervision existed, timber cutting and removal of other natural resources had been carried out wholesale to support the war effort and all the park areas were badly deteriorated. In May 1946 when the Supreme Commander for the Allied Powers issued instructions for reorganization of the Ministry of Welfare, in order to permit it to assume its proper place in the Japanese Government with sufficient authority and responsibility to carry out necessary public health and welfare objectives, the national parks became a department under the Bureau of Preventive Medicine in that Ministry. Subsequently, in a further reorganization in July 1948, the parks became a division in the Public Sanitation Bureau and at the last reorganization of the Ministry of Welfare in May 1949 a National Parks Division was established under the Minister's Secretariat of the Minister of Welfare.

### Progress During the Occupation

The National Park Division is fortunate to have eight graduate landscape architects who are divided equally between the administration and planning sections. Dr. T. Tamura, a doctor of forestry from Tokyo University and present head of the forestry faculty there, who has studied national parks extensively in America and Europe, serves as consulting engineer and advisor on national parks to the Minister of Welfare. Seventeen other university and college graduates are employed on the technical staff of the National Parks Division. Fairly early in the Occupation, the former Imperial Gardens in Tokyo and Kyoto were placed under the National Parks Division for administration and control and have since been opened to the public as recreational areas under the name of National Public Gardens. The numerous and extensive hot springs resorts have been placed under control of the parks division under the Hot Springs Law. These changes have contributed much to the health and recreational enjoyment of the people.

Japan is peculiarly deficient in public opportunities for rest, relaxation and recreation except in her national parks. City parks, park ways and playgrounds are almost non-existent and her national parks have a public health and welfare aspect of much greater importance than in most countries. Furthermore, the economic value of the National Parks is of great significance. There are extensive national forests included in the park areas particularly in Hokkaido where timber cutting for lumber and paper pulp for newsprint is carried on extensively under excellent forest conservation principles. Vast hydro-electric sources are available in the park areas, most of which await development and the tourist industry promises to become an ever increasing source of revenue.

In order to secure a scientific appraisal of the national park situation in Japan and to provide a sound technical basis for future advice and guidance to the Japanese in park matters, SCAP made a request in 1948 to the United States Park Service for the services of a visiting consultant on national parks. In response to this request, the U.S. Park Service sent Mr. Charles A. Richey of its Land and Recreational Planning Division to Japan. This consultant spent the period April to August 1948 in conducting a thorough study of national

parks in Japan. Mr. Richey is an expert in both administration and planning and his very detailed report, most of which was transmitted to the Ministry of Welfare, on approval by SCAP, through PH&W Section, has been of tremendous value in carrying out the procedures of reorganization and rehabilitation of the park system in Japan. At the conclusion of his tour, Mr. Richey wholeheartedly recommended that the National Parks system remain within the Ministry of Welfare by virtue of the fact that "its purpose conforms more closely to national park aims and principles than any other Ministry. Its background and experience in national park administration, and the organization that it has built up (probably the most experienced and best trained national park planning organization that could be assembled by a government agency in Japan; mostly students and disciples of Dr. Tamura) for their administration in the central government could not be duplicated by any other Ministry."

Japan has so much beautiful scenery that it must have been difficult to choose the thirteen areas that were designated prior to 1946. However, inspections of the areas chosen show them to be superlative examples of outstanding scenery and natural phenomena. It is obvious that in the selection there has been a feeling for the forces which formed and are still forming the islands of Japan, rather than in the selection of merely picturesque country. Mount Fuji-Hakone Park containing the volcanic cone of Mt. Fujiyama rising from sea level to the greatest height of any Japanese mountain and visible from 13 of the 46 prefectures, is symbolic of things Japanese throughout the world and was a natural choice for a park. In Kyushu, Mt. Aso presents one of the most stupendous volcanic spectacles in the world with its awe inspiring crater and constant activity with frequent eruptions. The inland Sea National Park with many varied islands and coast land farms gives a miniature picture of the geologic evolution of the larger islands and also presents one of the most beautiful seascapes in the world. The Japan Alps Park with 40 peaks over 8,000 feet high makes a fine mountainous recreational area. Other parks notably in Hokkaido, while filled with geological features, are famous for their varied plant life ranging from primitive forests to alpine gardens at the higher levels and make Japan one of the richest botanic regions in the world. Gorgeous temples in settings among ancient trees are found in several of the parks, especially Nikko.

The presently existing 15 national parks making up the system in Japan with their acreage and date of designation are shown in the following table:

| <u>Name of Area</u> | <u>Date of Designation</u> | <u>Location</u>                 | <u>Area (Acres)</u> |
|---------------------|----------------------------|---------------------------------|---------------------|
| Akan                | Dec 4, 1934                | Hokkaido                        | 216,216             |
| Daisetsuzan         | Dec 4, 1934                | Hokkaido                        | 573,120             |
| Shikotsu-toya       | May 16, 1949               | Hokkaido                        | 243,799             |
| Towada              | Feb 1, 1936                | Aomori-Akita                    | 105,911             |
| Nikko               | Dec 4, 1934                | Niigata-Fukushima-Gumma-Tochigi | 143,255             |
| Joshin Yetsu-kogen  | Sep 7, 1949                | Niigata-Gumma-Nagano            | 369,062             |
| Fuji Hakone         | Feb 2, 1936                | Yamanashi-Shizuoka-Kanagawa     | 177,319             |

(cont'd)

| <u>Name of Area</u> | <u>Date of Designation</u> | <u>Location</u>            | <u>Area (Acres)</u>          |
|---------------------|----------------------------|----------------------------|------------------------------|
| Chubusangaku        | Dec 4, 1934                | Niigata-Toyama-Nagano-Gifu | 419,514                      |
| Ise-Shima           | Nov 20, 1946               | Miye                       | 128,586                      |
| Yoshino-Kumano      | Feb 1, 1936                | Nara                       | 30,649                       |
| Daisen              | Feb 1, 1936                | Tottori                    | 452,458                      |
| Seto-naikai         | Mar 16, 1934               | Okayama-Hiroshima-Kagawa   | (including sea area 426,511) |
| Aso                 | Dec 4, 1934                | Oita-Kumamoto              | 167,607                      |
| Unzen               | Mar 16, 1934               | Nagasaki                   | 32,186                       |
| Kirishima           | Mar 16, 1934               | Kagoshima-Miyazaki         | 53,277                       |

Two of these, Shikotsu-toya and Joshin Yetsu-kogen, were designated after inspection and appraisal by PH&W Section and constitute significant additions to the fine system of parks previously established. The Lake Shikotsu-toya area was favorably considered because it included the finest unspoiled hot springs area, near Nobaribetsu, in Japan and the newest volcanic mountain which started forming in 1944. It contains 35-40 volcanic cones and craters, two large crater lakes and much virgin forest. The Joshin Yetsu-kogen area was approved because it embodied much high mountain mesa country with many small lakes and mountain streams. Its terrain type is not duplicated in other parks. It contains numerous hot springs and resort areas and is popular for summer recreation because of its cool climate, and for winter sports because of the very favorable snow conditions. It has almost no commercial use or value except for recreation and water-shed protection. The rather extensive hydro-electric power developments and the irrigated areas now using water from the area will be given better water-shed protection now that the area is under national park management.

Numerous other almost equally deserving areas have been proposed for national park designation by the Japanese but it is the policy of SCAP that with the meager budget available it is better to attempt to preserve the scenery and improvements of already existing parks than to expand too rapidly in the creation of too many new areas. Furthermore, it is necessary to carefully study each newly proposed area in order to be sure it does not include lands that should be devoted to agriculture. A very conservative policy is being followed in the creation of new park areas.

The growing popularity of the national parks in Japan may be seen by comparing the number of visitors in 1940, the highest prewar year, with the year 1948:

| <u>National Park</u> | <u>Number in 1940</u> | <u>Number in 1948</u> |
|----------------------|-----------------------|-----------------------|
| Akan                 | 17,528                | 345,492               |
| Daisetsuzan          | 66,666                | 93,816                |
| Towada               | 88,241                | 249,440               |
| Nikko                | 1,353,609             | 1,195,700             |
| Fuji Hakone          | 3,968,218             | 2,082,505             |



(cont'd)

| <u>National Park</u> | <u>Number in 1940</u> | <u>Number in 1948</u> |
|----------------------|-----------------------|-----------------------|
| Chubusangaku         | 225,017               | 221,861               |
| Daisen               | 67,465                | 273,250               |
| Setonaikai           | 482,100               | 904,425               |
| Aso                  | 654,017               | 198,925               |
| Unzen                | 146,818               | 155,136               |
| Kirishima            | 315,502               | 383,631               |
| Shikotsu-Toya        |                       | 723,390               |
| Jyo-Shin-Etsu Kogen  |                       | 984,783               |
| Ise-Shima            |                       | 3,589,030             |
| Yoshino-Kumano       |                       | <u>699,464</u>        |
| Total                | 7,896,812             | 12,100,848            |

While the National Park Law of 1931 is recognized as an unusually good basic law, it had several shortcomings and SCAP has sponsored amendments which have corrected most of its weaknesses. The main features covered by these amendments have been:

1. To give more complete protection to significant scenic areas and national or historic features already in "special areas" by including them in "protective areas".
2. To control the type of buildings and locations of structures in parks and along approach roads.
3. To revise fines and penalties upward sufficiently to protect game and wild flowers and render non-compliance with all other protective phases of the law unpopular.
4. To regulate timber cutting and hydro-electric power development to those activities that are non-detrimental to the parks and to the public interest.
5. To clarify the over-all jurisdiction of the Ministry of Welfare in the giving of advice and planning assistance and the approval of plans and activities contemplated by prefectures and their political subdivisions.

#### Future Plans

The value of sending Japanese park officials to the United States for observation and study under the U. S. National Park Service is well recognized. One official, a landscape architect and graduate in forestry, has just gone to the United States for a three-months period for this purpose under the "National Leaders Program" at United States Government expense. It is hoped that more observers can be sent in the future and plans are being formulated to bring U. S. park experts to Japan under the Fulbright Fund.

Public Health and Welfare Section is giving encouragement to the inclusion in the curricula of the various Japanese universities of courses furnishing training in forestry and national park work.



## Chapter 10

### NUTRITION

#### Nutrition Surveys

The results of the nutrition surveys conducted in 1949 show a slight increase in the total caloric consumption over 1948. The total caloric consumption for the normal consumer in Tokyo stood at 1982 calories; for the eleven cities, 1985 calories; and rural areas, 2140 (Ref Chart 27). There was a slight improvement in the protein intake which showed a 5% increase over the 1948 period and a relatively greater increase than that of the total caloric intake. The mineral content of the diet remained about the same, but there was a decrease in Vitamin A and a rather marked decrease in the intake of Vitamin C, which in Tokyo alone dropped from about 142 to 99 mgms. Among the symptoms of dietary deficiency, the commonest noted were deficiencies in lactation, delayed menstruation, cheilosis, and decreased knee jerk reaction, in the order mentioned. In Tokyo between 15 and 20% of the city population showed at least one or more deficiency symptom and in the rural areas, there was a somewhat higher percentage.

#### Education and Training

The training course for nutritionists working in prefectural health department offices and health centers continued throughout 1949 at the Institute of Public Health, Tokyo. There has been considerable improvement in eliminating the backlog of nutritionists awaiting training at this school.

A representative of the National Food and Nutrition Council, in company of a SCAP observer, attended the First International Rice Conference of the United Nation's Food and Agriculture Organization held at Bangkok Siam in March. Recommendations resulting from this meeting will prove valuable to the Japanese in meeting their nutrition problems.

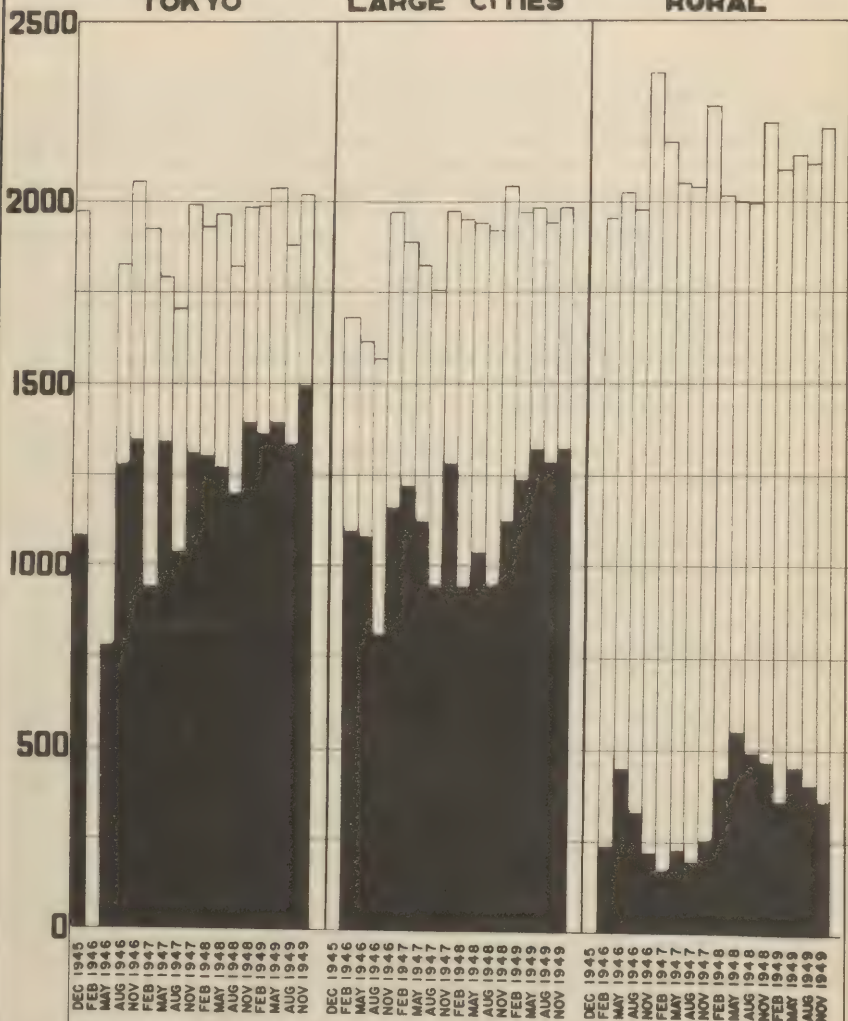
# NUTRITION LEVELS

## CALORIES PER PERSON-JAPAN, 1946 — 1949

TOKYO

LARGE CITIES

RURAL



DEC 1945  
FEB 1946  
MAY 1946  
AUG 1946  
NOV 1946  
FEB 1947  
MAY 1947  
AUG 1947  
NOV 1947  
FEB 1948  
MAY 1948  
AUG 1948  
NOV 1948  
FEB 1949  
MAY 1949  
AUG 1949  
NOV 1949

DEC 1945  
FEB 1946  
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DEC 1945  
FEB 1946  
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MAY 1947  
AUG 1947  
NOV 1947  
FEB 1948  
MAY 1948  
AUG 1948  
NOV 1948  
FEB 1949  
MAY 1949  
AUG 1949  
NOV 1949

| LARGE CITIES                              | TIME PERIOD       | RURAL          |
|-------------------------------------------|-------------------|----------------|
| NAGOYA, OSAKA, KURE AND FUKUOKA           | FEB. 1946         | 19 PREFECTURES |
| PLUS SENDAI, SAPPORO, KANAZAWA, MATSUYAMA | MAY 1946—NOV 1947 | 27 PREFECTURES |
| PLUS KOBE, YOKOHAMA AND KYOTO             | FEB 1948—NOV 1949 | 46 PREFECTURES |

□ TOTAL

■ RATION

(27)

## Chapter 11

## SUPPLY

The calendar year 1949 may be described in summary as a period of transition from postwar activities emphasizing quantity, to a period with primary emphasis on quality improvement. As the year ended, the problem of scarcity of medical supplies, except for a few isolated instances, is of historical significance only. Continued stress on the rehabilitation of the pharmaceutical and medical supply industries resulted in (1) progressive quantitative increases of essential supplies, (2) further decreases in importation, and (3) resultant reduction in the cost of the occupation to the United States. During the year, greater attention was given to raising existing standards or establishing new standards, introducing new and improved technical facilities and information, tightening controls to insure that products meet established standards, and strengthening the legal and technical structure and basis for quality standardization.

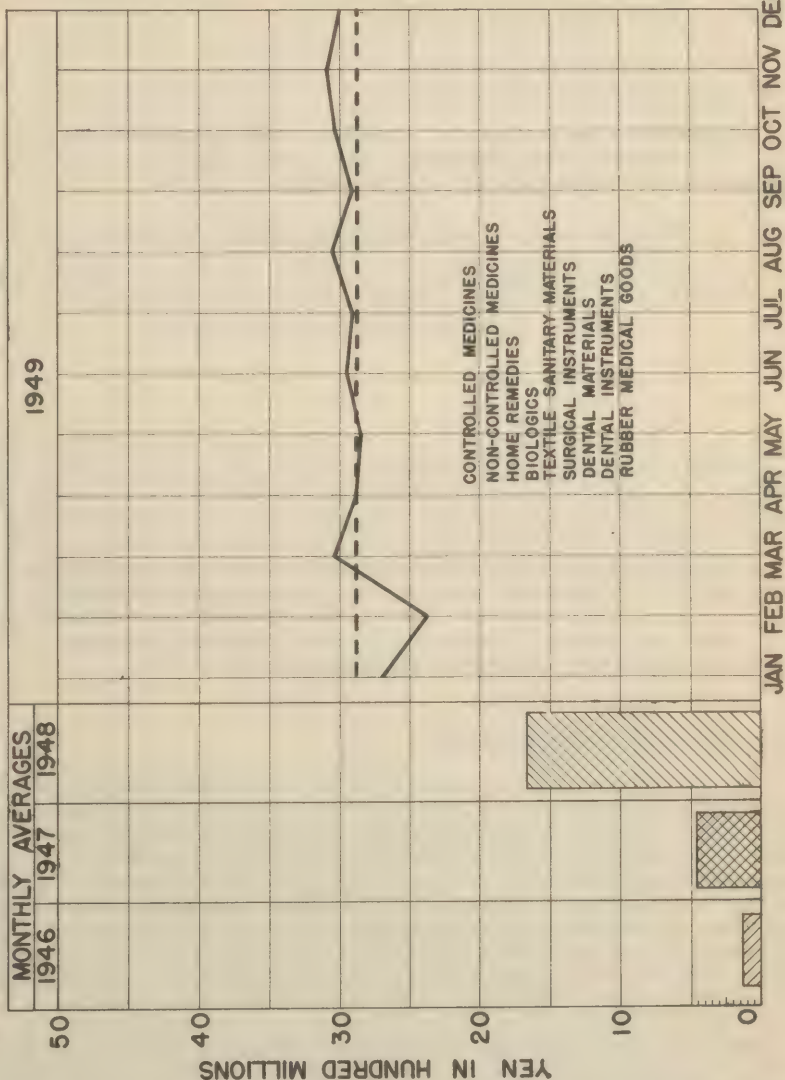
In particular, major events and accomplishments in 1949 may be stated briefly as follows: Production of DDT and penicillin met requirements; pilot production of streptomycin has been successfully completed; chloromycetin has been synthesized in the laboratory; as an interim measure streptomycin was imported to treat a minimum number of cases of tuberculosis; supplies of biologic products of acceptable quality are approaching requirements to satisfy established immunization programs; with improved distribution, equitable allocations, and increased production, the number of products under ration control has been reduced to a few critical items; increased appropriations in the Ministry of Welfare budget improved vital public health and welfare activities; under the new Pharmaceutical Affairs Law, the National Board of Pharmacy conducted the first national examination for licensure of pharmacists; inspection and accreditation of pharmaceutical colleges was completed under improved standards, and curricula were studied and adopted to meet the four-year course; the Japanese Pharmaceutical Association completed its first year under democratic constitution and by-laws; ranking officers of the Medical, Dental and Pharmaceutical Associations met periodically to discuss and make plans for mutual co-operation; a mission of the American Pharmaceutical Association visited Japan and made recommendations; the Pharmaceutical and Supply Bureau, Ministry of Welfare, was reorganized to place greater emphasis on commercial enterprise for domestic and foreign trade.

Production

With the exception of textile sanitary materials, the Japanese Government was able to provide medical, dental, veterinarian, and sanitation supplies and equipment necessary to maintain adequate standards of medical care and treatment. The yen value of pharmaceutical and medical supplies produced during 1949 increased 30% over 1948, and export was encouraged whenever prevailing stocks exceeded domestic demands (Ref Chart 28). It is interesting to note that from a total of



# PRODUCTION MEDICAL SUPPLIES AND EQUIPMENT



1,342 medical supply items scheduled for import by the Ryukyu Islands during the United States 1950 fiscal year, a large percentage (1,022 items) will be supplied from Japan.

#### Improvement of Quality Standards

There are five fundamental aspects of the production, distribution, and sale of drugs, devices, and cosmetics governed by the Pharmaceutical Affairs Law (Law No. 197 of 1948):

1. Licensing or registration of the manufacturer
2. Actual production
3. Assay or testing of the finished product
4. Distribution
5. Inspection

The overall program is fundamentally sound however, there are certain weaknesses in administration which had to be remedied. Foremost among these concern assay and inspection procedures.

The National Hygienic Laboratory is the Japanese governmental agency responsible for the assay of drugs, devices, and cosmetics.

Refer to Chapter 2 Preventive Medicine, National Hygienic Laboratory, for additional information on this program.

#### Decontrol of Critical Materials

Rehabilitation of the pharmaceutical and medical supply industries, and repair, maintenance, and construction of hospitals, waterworks, welfare institutions, and national parks was beneficially influenced by the removal of controls over the allocation, distribution, and price of an ever increasing number of critical materials. These materials include fuels, essential raw materials, construction materials, and finished products. Decontrol affected all activities in the Japanese economy, including public health and welfare activities. It is an indication of the upward trend toward economic normalcy in Japan. Increased availability of these essential materials made decontrol possible.

On 1 January 1949 there were still 80 medicines designated for ration distribution control by the Minister of Welfare. During the year, 41 were removed from designation, including such important drugs as penicillin and hexylresorcinol. Medicines were released from designation as ration goods, either because production exceeded demand, or because adequate substitutes had been found. Of the 39 medicines remaining on distribution control, 16 are quinine preparations. The remainder are those whose demand exceeds actual supply.

During the period from 29 April to 31 December, 11 major items and 142 minor items of essential raw materials were removed from

allocation control. Twenty three major and 92 minor materials remain under such controls.

After controls were removed from standard coal and coke on 15 August, prices for all grades of coal dropped, and stockpiles which had accumulated throughout Japan were substantially reduced. The results in the decontrol of coal led to decontrol of such essential building materials as timber, electric wire, nails, fire brick, lead, cement, and industrial metals, so necessary for construction and repair of public health and welfare facilities.

It was necessary to retain under allocation controls certain essential raw materials of interest to medical supply. Among these are fats and oils, raw cotton, cotton, woolen, and rayon textiles, cowhide and cow leather, petroleum products, nickel, and critical chemicals.

### Imports

Import programs were initially instituted to furnish essential foods, medicines, and necessary raw materials, to supplement indigenous supplies. As a result of the rehabilitation of the pharmaceutical and medical supply industries, the volume of these imports has rapidly decreased, with commensurate savings in the cost of the occupation of the American taxpayer. Dollar value of imports for medical purposes using United States appropriated funds shows an annual 50% reduction in the cost to the United States:

| <u>Calendar Year</u> | <u>Value</u> |
|----------------------|--------------|
| 1947                 | \$4,483,000  |
| 1948                 | 2,340,000    |
| 1949                 | 1,114,000    |

The number of medicines scheduled for import has been reduced to two in 1949. These are streptomycin and santonin. All other items of import, except as indicated in the following paragraphs, are essential raw materials not obtainable from indigenous supply. With the progressive rehabilitation of Japanese basic industries, availability of essential raw materials from indigenous sources increased, and the number and volume of imports of critical raw materials were reduced accordingly.

In order to provide necessary equipment and machinery to aid in indigenous pharmaceutical production and to provide high standard testing equipment for the National Institute of Health, imports were scheduled under the EROA import program. These consisted of five Model G Beckman laboratory type pH meters with all necessary accessories, and one Super Centrifuge, laboratory type, Sharples, with necessary accessories, all for the National Institute of Health. The National Institute of Health is responsible for the standardization and assay of all biologic products and antibiotics manufactured in Japan. The need for this equipment, therefore, is vital to the production of high quality biologic and anti-biotic products for the protection of the



public health. One Tiselius apparatus with accessories, used for studying mobility patterns of protein, and solutions for development of pharmaceutical preparations, has been programmed for one of the leading pharmaceutical manufacturers. This apparatus will enable research investigation to be carried on which will result in more efficient indigenous pharmaceutical production.

In addition to the regular import programs using appropriated and non-appropriated funds, other imports of supplies have been made to further the aims of the occupation. The American Red Cross has donated generous quantities of supplies for use in the rehabilitation of the Japanese Red Cross, Japanese Junior Red Cross, and Japanese Red Cross Hospitals. UNICEF and LARA have shipped relief supplies to Japan within their established aid programs; CAFE packages were received and delivered in sizeable quantities. Over 1,200,000 relief and gift parcels have been received in Japan via the international mails. Clothing, food, and mailable medicines in non-commercial quantities are permitted in these parcels. Shipments of medical and other technical literature have been received by Japanese agencies through Public Health and Welfare Section, either as gifts or as exchanges. (Shipment of publications from Japan as part of these exchanges were handled through Public Health and Welfare Section).

### Streptomycin

Tuberculosis is the leading cause of death in Japan. Streptomycin is the most effective drug available for the treatment of this disease. The estimated Japanese requirements for streptomycin are so large (between 50,000 kilograms and 60,000 kilograms per year) that sufficient dollar funds can not be made available for import. Only by production in Japan can the indigenous need be met.

In late 1948, Public Health and Welfare Section requested and received from Rutgers Foundation, through the Department of the Army strains of streptomyces griseus, the mother culture which has been used throughout the world in the development of commercial streptomycin manufacture. The cultures were turned over to the Japanese Government, and distribution was made by the National Institute of Health to qualified research workers at the several laboratories interested in commercial production. A Central Streptomycin Research Council was appointed by the Minister of Welfare with two major subdivisions, a clinical study division and a production research division. The latter group is charged with the responsibility of conducting research which will aid in the development of commercial production. Noteworthy work has been done by this group and invaluable technical aid given to the various commercial laboratories who are interested in inaugurating commercial production.

Certain technical difficulties, encountered in the attempt to convert the laboratory production phase to the industrial phase, prompted the Japanese authorities to request an American technical consultant. Pending action on recruitment of the technical consultant industrial development continued in efforts to solve the technical problems.

To reassure and encourage commercial enterprises to invest in facilities necessary to inaugurate commercial scale production, the Japanese Cabinet published a statement in late September establishing the Japanese Government policy on streptomycin, which sets forth (1) the necessity for indigenous production, (2) the goal of this production, (3) the measures necessary to accomplish such production, and (4) the Government purchase of the streptomycin produced. Currently, several commercial producers have fully-developed pilot plants in operation, four of whom are planning to build large-scale plants for full commercial production.

In accordance with policies followed in introducing other new medicines, small imports of streptomycin were scheduled as a stop-gap, pending development of production within Japan. These imports have been established as a measure of educating the Japanese doctors in the use of, and at the same time creating a demand for, the product, which enables the Japanese manufacturers to obtain necessary financial backing. Two shipments were received in 1949 amounting to a total of 600 kilograms in finished form, packaged in one-gram bottles. Distribution under strict control by the Ministry of Welfare was made to those treatment institutions which have adequate and proper facilities for its most effective use. It is estimated 15,000 patients will receive treatment with these imported stocks of streptomycin. Clinical data will be collected for study by the Central Streptomycin Research Council.

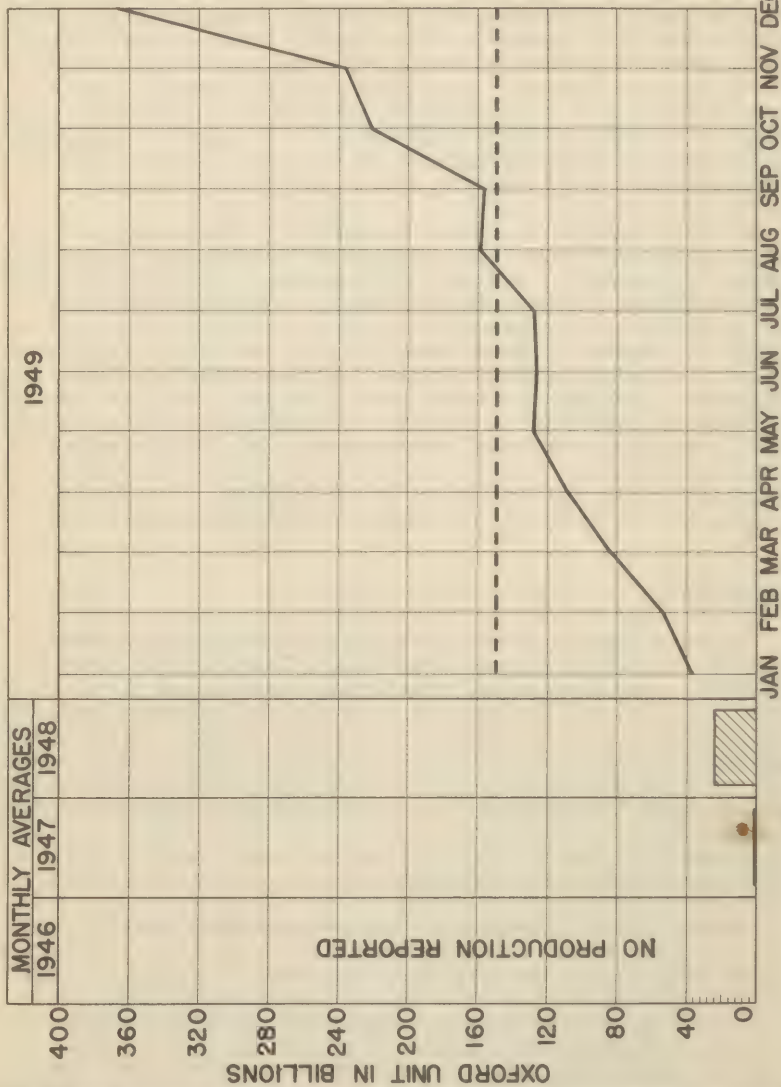
### Penicillin

Japanese manufacturers have kept pace with the latest developments in the penicillin production field. Production of penicillin during the year exceeded all expectations. A total of 1,799 billion units (passed assay) was produced by 38 licensed manufacturers. Production for the month of December alone represented a greater quantity than was produced during 1948 (Ref Chart 29). The volume of production justified the removal of penicillin from ration distribution controls in April 1949, and was the causative factor in reducing prices on all penicillin products by approximately 50% as of 1 October. It was necessary to import 125,000 gallons of corn steep liquor for penicillin production during the year.

The following penicillin products were manufactured:

- Potassium penicillin (100,000 units)
- Crystalline potassium penicillin G (200,000 units)
- Crystalline procaine penicillin G (300,000 units)  
(aqueous injection)
- Crystalline procaine penicillin G in oil (300,000 units  
per cc)
- Buffered crystalline potassium penicillin G tablets  
(100,000 units each)
- Crystalline potassium penicillin ointment (1,000 units  
per gram)
- Penicillin Dental Cones (3,000-5,000 - 10,000 units each)
- Penicillin Vaginal Suppositories (100,000 units)

# PRODUCTION PENICILLIN





Biologics

The Ministry of Welfare was directed in December 1948 to discontinue manufacture, distribution and use of all biologic products, following a number of reactions and deaths resulting from inoculations with faulty Japanese-produced diphtheria toxoid, administered to a group of Kyoto school children, in accordance with the Preventive Vaccination Law (Law No. 88 of 1948). The Ministry accordingly suspended the use of all indigenous biologic products for preventive vaccination until such time as the existing stocks could be reassayed. Products were stored under the supervision of the prefectural health departments until reassay could be performed with the National Institute of Health designated as the agency to perform the reassay. One of the most serious problems encountered in accomplishing the reassay was the shortage of supply of guinea pigs.

Manufacturing laboratories were also ordered to cease production pending inspection and re-licensing. For further details on this phase of the program, and in the steps taken to reestablish rigid standards, see Chapter 2, Preventive Medicine, Biologics Laboratory Program.

Although biologic products were in short supply during most of 1949, it was not necessary to schedule imports. The shortages which existed, measured in terms of the quantities required for complete enforcement of the Preventive Vaccination Law, necessitated the establishment of rigid controls over distribution to insure proper use, and the maintenance of reserve stocks for emergency conditions.

Due to small outbreaks of smallpox in western Japan in May, it was decided that a nationwide immunization program was indicated. The Ministry of Welfare was directed to prepare the necessary plans and to implement the program, manufacturing laboratories were instructed to produce 90,000,000 doses of acceptable smallpox vaccine at the earliest possible date. As 1949 drew to a close, the bulk of this emergency quantity of smallpox vaccine had already passed assay and was ready for use.

Licensed laboratories are continually encouraged to increase their manufacturing facilities. Production quotas have been completely abolished. Laboratories not licensed are free to apply for license under new rigid requirements established by regulations. Several such applications were submitted to the Ministry of Welfare before the end of 1949.

Biologics produced in Japan during the year were valued at ¥416,000,000 as compared with ¥237,000,000 in 1948. Quantities of major items which passed assay, including reassay in 1949, are listed below:

| <u>Product</u>              | <u>Quantity</u>  |
|-----------------------------|------------------|
| Smallpox vaccine            | 80,559,905 doses |
| Diphtheria toxoid           | 2,382,890 cc     |
| Typhoid-paratyphoid vaccine | 13,683,990 cc    |
| Pertussis vaccine           | 149,939 cc       |

(cont'd)

| <u>Product</u>        | <u>Quantity</u> |
|-----------------------|-----------------|
| Tuberculin O.T.       | 1,663,351 cc    |
| BCG vaccine (dried)   | 4,294,600 doses |
| BCG vaccine (diluent) | 3,670,920 doses |
| Typhus vaccine        | 2,014,460 cc    |
| Cholera vaccine       | 348,900 cc      |
| Diphtheria antitoxin  | 545,635 cc      |

Laboratory Animals

The program for reassay of all biologic products was handicapped from the beginning by a critical shortage of guinea pigs. Beginning in March, the Ministry of Welfare and prefectural health officials cooperated in an intensive search for all available guinea pigs in Japan which could be sent to the National Institute of Health. As a result, 1,248 standard size guinea pigs were delivered to the National Institute of Health between 1 April and 12 April, however 5,000 animals per month were the minimum requirements. It was apparent the required number of guinea pigs could not be supplied from indigenous sources. Faced with increasing shortages and because of the urgent nature of the reassay program, the Ministry of Welfare requested an import of 10,000 guinea pigs on an emergency basis from the United States. Procurement was initiated by SCAP for supply in two air shipments, 5,000 to arrive no later than 15 May, the remainder by 15 June, which arrived on schedule.

This import, however, only temporarily alleviated the problem as indigenous supplies failed to materialize in the required quantities. Japanese producers delivered only 11,800 animals during the period from 1 April through 31 August. With the strong encouragement of Public Health and Welfare Section, and cooperation of the Ministry of Welfare and respective prefectural health departments, the animal producers in the three prefectures which furnish the bulk of the laboratory animals succeeded in forming laboratory animal cooperative associations to effect increased production and establish efficient handling. Associations were formed in Gifu, Shizuoka, and Saitama Prefectures, whose membership agreed to supply the National Institute of Health on a priority basis. Deliveries of guinea pigs to the Institute increased substantially during the latter part of November and through December with numbers approaching requirements. There is every reason to believe the guinea pig shortage has been solved. The National Institute of Health should be sufficiently supplied to meet all assay requirements for 1950.

The supply of other laboratory animals (white mice, rabbits, and rats) has been entirely adequate to meet demands for laboratory and research studies.

Insect and Rodent Control Supplies

Japanese production of insect and rodent control supplies was adequate in 1949 to satisfy all public health requirements. No imports were scheduled and none was necessary. The manufacture and distribution of pyrethrum products was under the control of the Ministry of Welfare. Sufficient stocks were made available to satisfy the public health needs. Rodenticides and rat traps presented no supply problems.

Production of DDT in the early months of the year was so satisfactory that all control over distribution was removed in May. Decontrol of DDT meant that the using agency would make all necessary purchases through normal commercial channels either directly from the manufacturer or through a wholesaler. Previously all DDT was purchased and distributed by the Ministry of Welfare. In order to insure that stocks would be available for emergency use if required, the Ministry of Welfare established reserves of government stocks. In December these Ministry of Welfare reserves amounted to 3,581,000 pounds of DDT 10% dust and 646,250 gallons of DDT 5% residual spray. During the year, use of the reserves amounted to only 33,480 pounds of DDT 10% dust and 28,210 gallons of DDT 5% residual spray.

A loan from Ministry of Welfare stocks of approximately 120,000 gallons of DDT spray was made to the Ministry of Agriculture and Forestry in the spring, for use by farmers in mosquito control as a preventive measure against equine encephalomyelitis.

Following decontrol, packaging of DDT products in containers for household use was permitted and encouraged. It became necessary to indoctrinate the general public in the benefits of DDT in insect control, and in proper methods of application of the new insecticides made available to them. This information was disseminated through many media including radio, movies, newspapers, special publications, visual aids, exhibits, demonstrations, bulletin and billboards, and lectures. The DDT Manufacturers Association, in coordination with the Ministry of Welfare, produced a documentary film "The Tale of DDT", which was widely distributed. This film portrays in an interesting way the advantages and proper use of DDT products.

Contractual royalty agreements were completed during the year between Japanese DDT manufacturers and the patent holder, J. E. Geigy Co, Ltd, of Basle, Switzerland.

DDT manufacturers continued research studies in efforts to develop new products. They succeeded in developing a 50% wettable dust which, by the addition of water, is immediately available for use as residual spray, saving critical petroleum products. It can be used in the ordinary knapsack sprayer without mechanical agitation. The objectionable features of petroleum, such as inflammability and disagreeable odor, are eliminated. In addition, there is a considerable saving in storage space and transportation costs. Also developed was a 20% DDT emulsion concentrate which can be diluted to a 5% residual spray by the addition of three parts of water. The proportion of ingredients is DDT 20 parts, kerosene 40 parts, water 30 parts, and emulsifying agent 10 parts in the form of fatty acid sodium soap.



Considerable progress was made in the manufacture and distribution of well-constructed apparatus for the application of insecticides, consisting of hand sprayers and dusters, large hand-operated knapsack types, and gasoline-engine-operated equipment. Of interest is the development of a combination fog machine and power duster, gasoline-engine-operated, which can be used either to apply the insecticide solution as fog, or the powder as dust. This is lightweight, easily carried by two men, and desirable in a country such as Japan where the many rice paddies produce a terrain which requires a high degree of portability. Distribution of all types of equipment is nationwide, prices are reasonable, making equipment easily available, thereby encouraging the use of DDT for widespread control of insect vectors.

A few production statistics for insect control supplies during 1949 are listed below:

|                 |                |               |
|-----------------|----------------|---------------|
| DDT 100%        | 1,743,400 lbs  |               |
| DDT 10% Dust    | 6,702,800 lbs  |               |
| DDT 5% Spray    | 2,052,400 gals |               |
| Pyrethrum Emul- | 423,500 gals   | (12,705,000   |
| sion 30x        |                | gals finished |
|                 |                | insecticide)  |
| Sprayers and    | 246,565 pieces |               |
| dusters         |                |               |

(Ref Charts 30, 31 and 32)

### Hexylresorcinol

To supply the great need for anthelmintic drugs, the indigenous production of hexylresorcinol was introduced in 1948. The production goal of 45 metric tons for 1949 was not approached because consumer sales were disappointing. Manufacturers were forced to curtail production to forestall financial losses. Since supply exceeded demand, it was possible to remove distribution controls in late 1949.

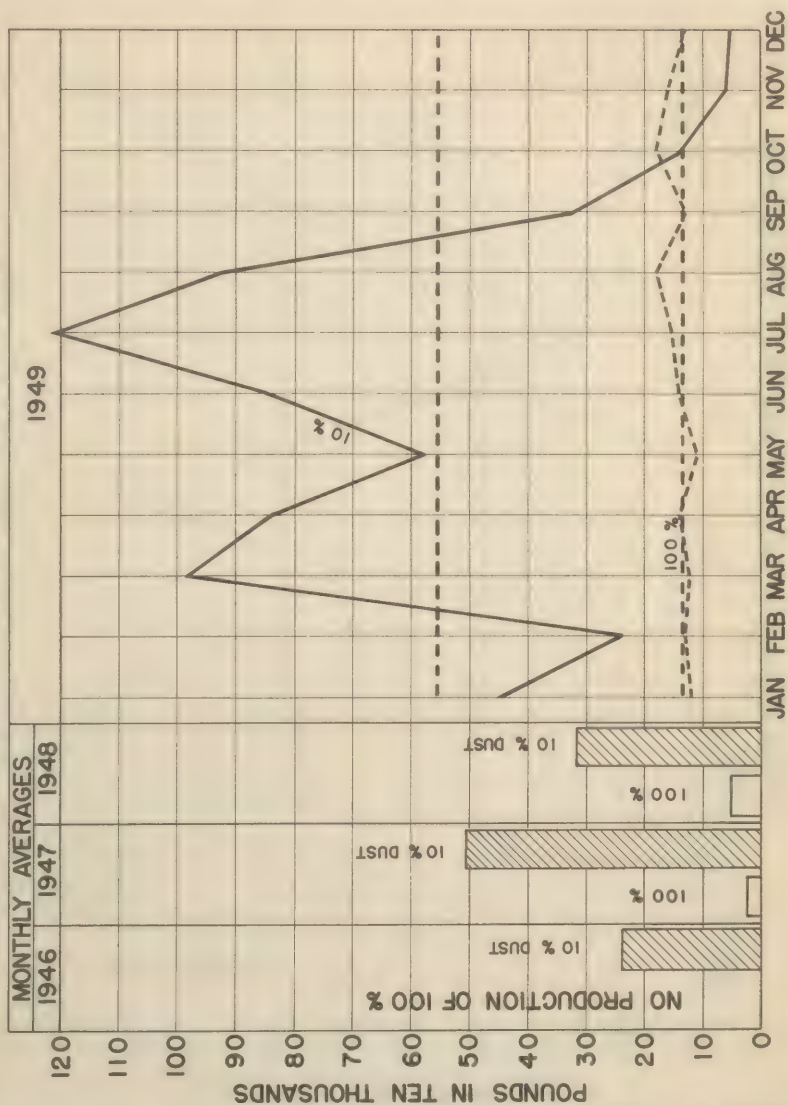
The lack of demand is attributed to the fact the Japanese are not fully acquainted with the superiority of hexylresorcinol over other anthelmintic drugs. The Ministry of Welfare is planning nationwide public information and education programs stressing the benefits of hexylresorcinol as the desirable remedy instead of santonin. The manufacturers likewise are expected to advertise these advantages.

Production of hexylresorcinol crystals totalled 14,783 kilograms in 1949, compared with 3,612 kilograms in 1948. Capsules are made in two sizes, 0.2 gram for adults and 0.1 gram for children. The equivalent of 6,092,059 adult doses (1.0 gram) passed assay in 1949, while 599,160 adult doses passed assay in 1948. Approximately the equivalent of 2.7 million adult doses in capsule form are on hand as of 31 December 1949 (Ref Chart 33).

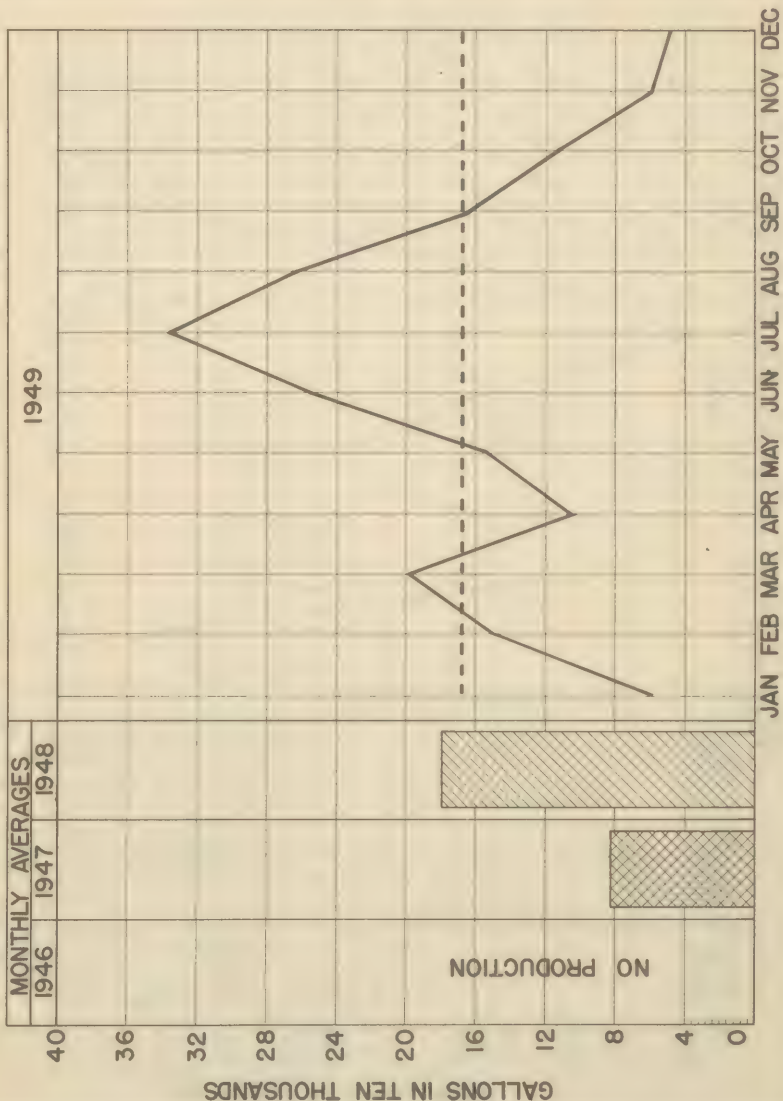
### Promin

Three pharmaceutical houses are licensed to produce promin in Japan. Total production in 1949 of finished promin 30% solution for

# PRODUCTION DDT 100% & 10% DUST



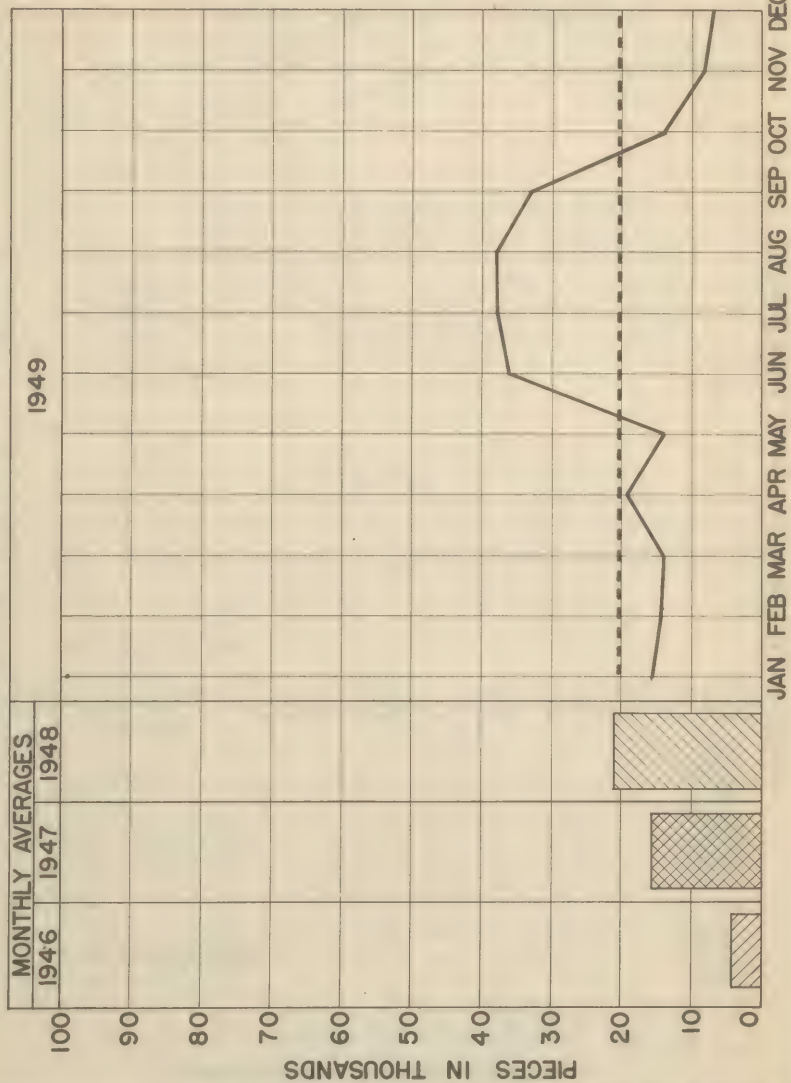
## PRODUCTION DDT RESIDUAL SPRAY(5%)



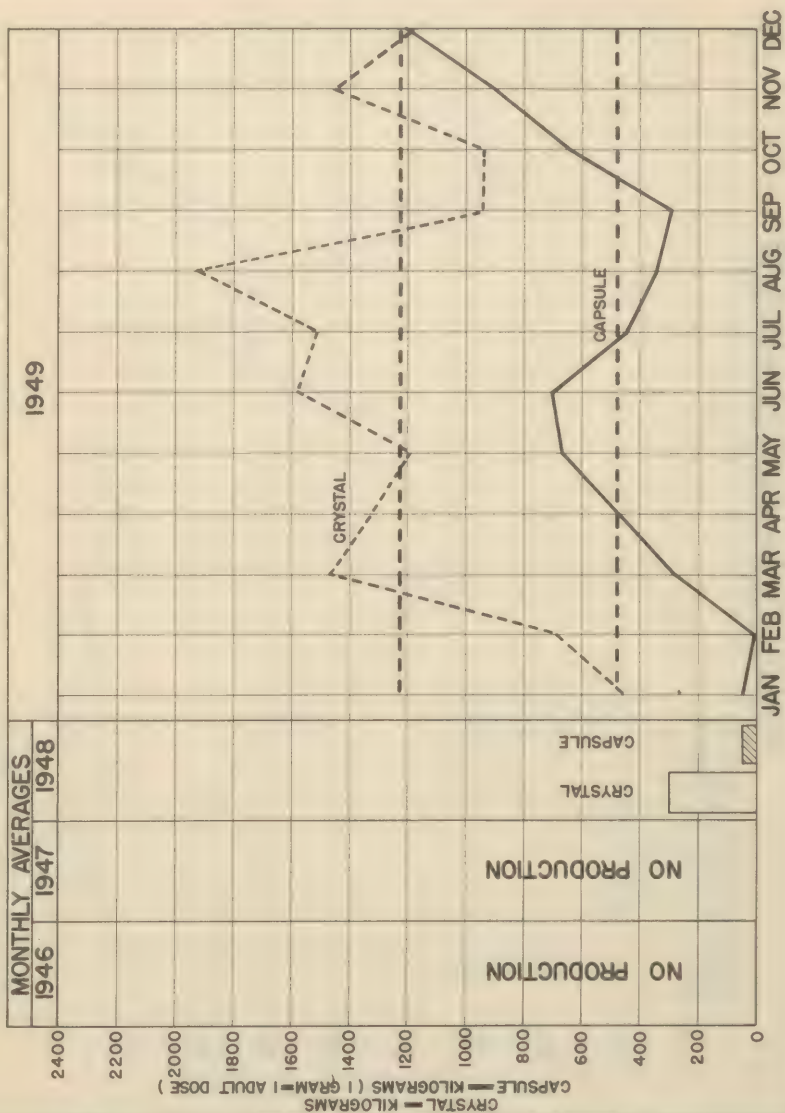
(31) PHAW/HS CHART NO. J-66 27-4-1950



# PRODUCTION DDT EQUIPMENT



# PRODUCTION HEXYLRESORCINOL



(33) PHAW/HS CHART NO J-75 30-1-1950

injection amounted to 1,151,540 ampules, 5 cc each. This quantity was sufficient to treat 5,000 cases of leprosy, and the Ministry of Welfare purchased the entire amount for distribution to leprosaria. Promin was introduced into Japan during 1948, when an import of 180 kilograms was scheduled. Since that time indigenous production has been sufficient to meet all needs. The only limiting factor is the budget available for purchase of the product.

#### Chloramphenicol (Chloromycetin)

Japanese scientists in the laboratory have successfully produced chloramphenicol by fermentation and by synthesis. Several manufacturers are anxious to produce the antibiotic on a commercial basis if contractual and royalty arrangements are satisfactory. It is estimated overall production of one gram will cost ¥400, based on laboratory scale production. The basic materials used are coal tar products which are available in Japan. There is no need of specialized equipment for commercial production.

#### Para-aminosalicylic Acid (PAS)

The manufacture of para-aminosalicylic acid (PAS) was introduced into Japan in 1949. PAS is being produced for investigational use in the treatment of tuberculosis. It has not been released for general distribution. Several pharmaceutical producers are interested in commercial scale production, but must await findings of clinical studies and recommendations of the National Board of Pharmacy.

#### Textile Sanitary Materials

Although improvement in the supply of textile sanitary materials (absorbent cotton, gauze, bandage cloth) was made in 1949, the production was far from adequate to meet minimum needs. Total production was 7,217,600 pounds compared with 6,315,910 pounds in 1948. Quantities of raw cotton for these products were insufficient. Of 47,500 bales of raw cotton required for cotton sanitary materials, 25,788 bales were allocated, but only 22,642 bales were actually delivered. As the year closed, status of supply of raw cotton indicates that tremendous improvement can be expected in 1950. (Ref Chart 34).

The following quantitative monthly average production figures for the years 1946 through 1949 demonstrate the progress made in supplying cotton sanitary materials.

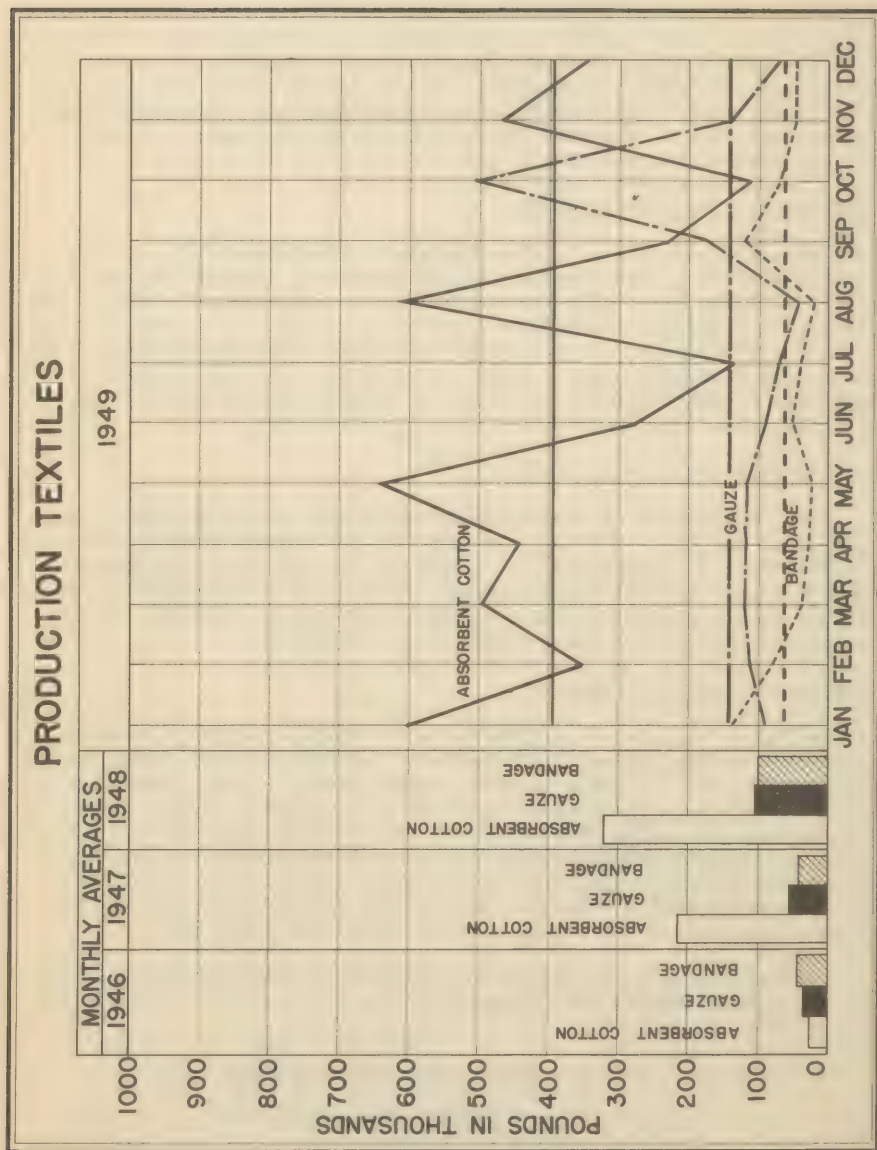
#### Monthly Average Production

(Unit: Pound)

| <u>Product</u>   | <u>1946</u>   | <u>1947</u>   | <u>1948</u>    | <u>1949</u>   |
|------------------|---------------|---------------|----------------|---------------|
| Absorbent Cotton | 29,125        | 214,371       | 321,092        | 396,400       |
| Gauze            | 37,845        | 57,537        | 105,165        | 141,800       |
| Bandage Cloth    | <u>46,118</u> | <u>40,226</u> | <u>100,071</u> | <u>63,300</u> |
| Totals           | 113,088       | 312,134       | 526,328        | 601,500       |



Chart 34



### X-Ray

Production of x-ray film during 1949 continued to be satisfactory, and at no time during the year were shortages reported. However, the quality of x-ray film produced during the latter part of the year was suffering because of poor quality gelatin. Imported gelatin stocks had become depleted and indigenous supplies were of inferior grades. The problem was resolved when the film manufacturers entered into private trade agreements for an import of eight metric tons of Grade "A" gelatin.

Production of both Coolidge and Kenotron types of x-ray tubes exceeded 1948 totals. Japanese produced tubes are comparable to those manufactured in the United States.

Sufficient quantities of x-ray and electrotherapy equipment were manufactured to supply demands for such items. Japanese manufacturers of intensifying screens are endeavoring to improve the quality of all types of such equipment (Ref Chart 35).

### Surgical and Dental Instruments and Equipment

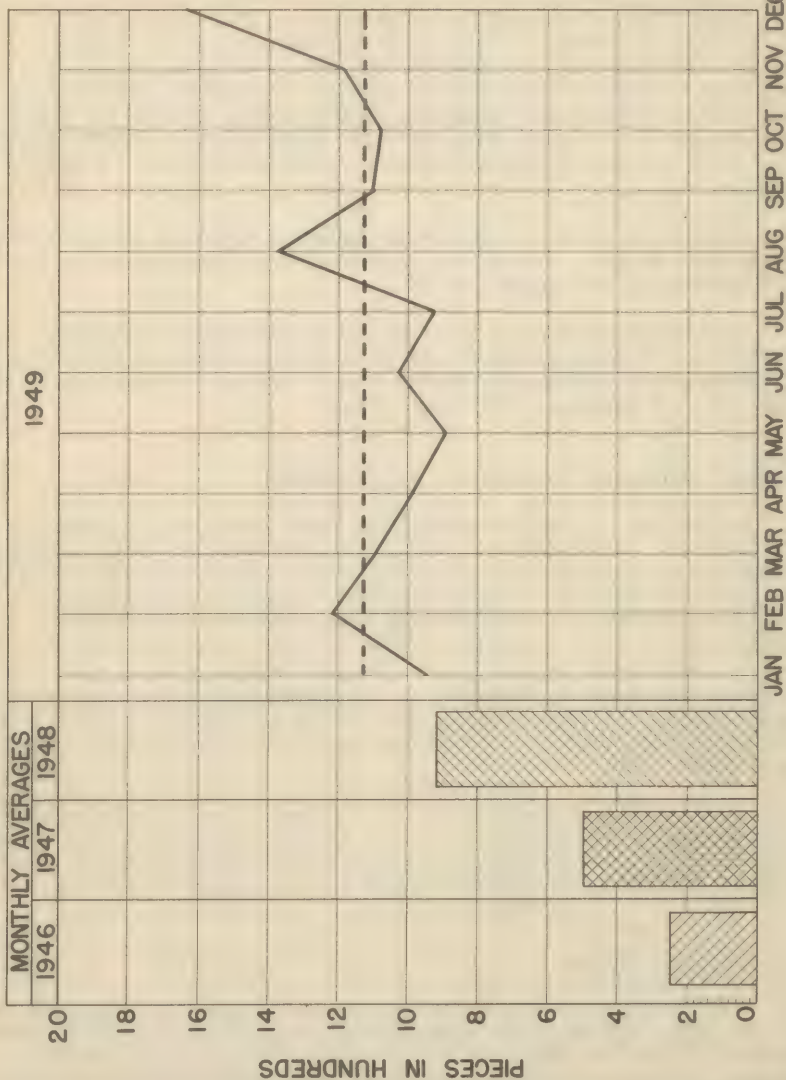
Production of surgical and dental instruments and equipment was adequate, and quantities were available for inclusion in the Japanese Production Export Program. However, quality needs improvement. The instrument manufacturers have organized a research committee for study and experimentation, and comparison with standards of instruments of foreign make. It is expected, within the next year, improved standards will be established and enforced. The DIC Catalogue of Surgical Instruments and Hospital Supplies of the industry is being revised and standardized. In 1949 surgical instruments production totalled ¥294 million; dental instruments and materials totaled ¥484 million (Ref Chart 36).

Distribution of precious metals for dental use is made under strict control. During the year, for use and consumption in implementing the dental health program, releases were made of 1,200 kilograms of gold, 600 kilograms of silver, and 2.4 kilograms of platinum.

### Rubber Medical Goods

A disparity between programmed import requirements for crude rubber and latex and actual imports during the first half of 1949, caused production lags and necessitated revisions of production schedules. However, the situation improved rapidly during the second half of the year, and sufficient crude rubber and latex allocations were made to supply domestic requirements. Crude rubber was removed from allocation control as a critical raw material on 29 December. The 1950 production schedule will permit export of a number of rubber medical products. (Ref Chart 37).

# PRODUCTION X-RAY & ELECTROTHERAPY EQUIPMENT



# PRODUCTION DENTAL INSTRUMENTS

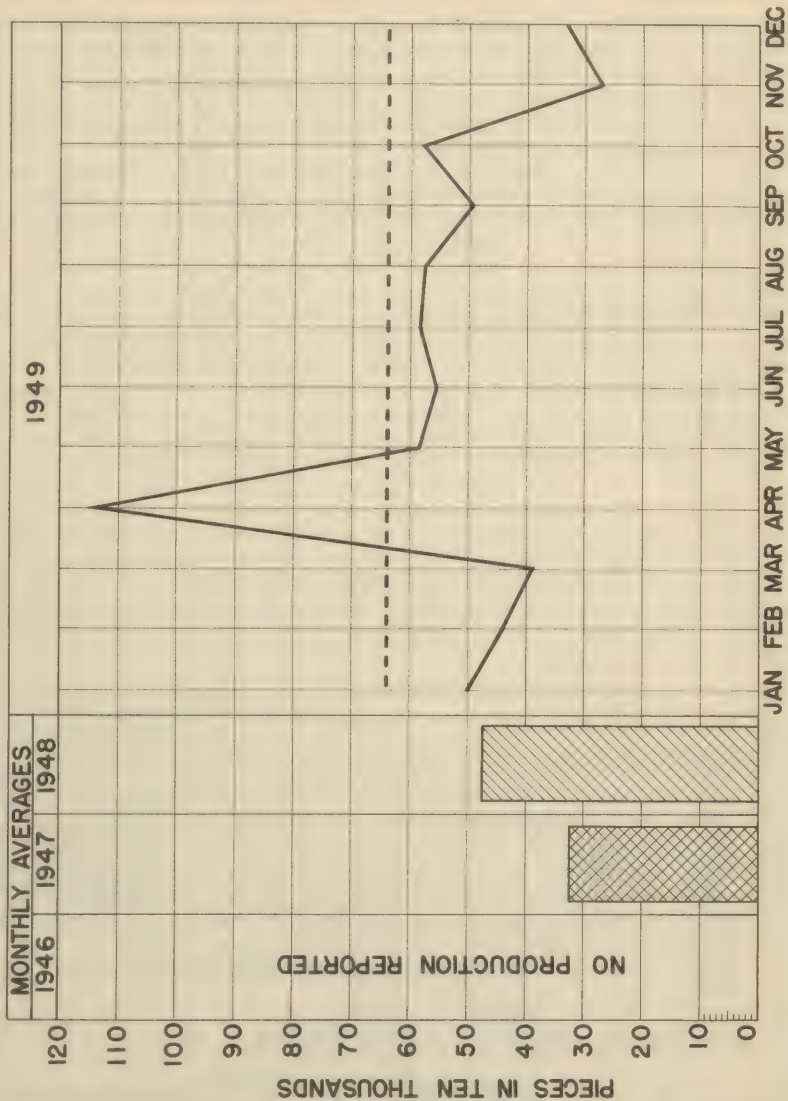
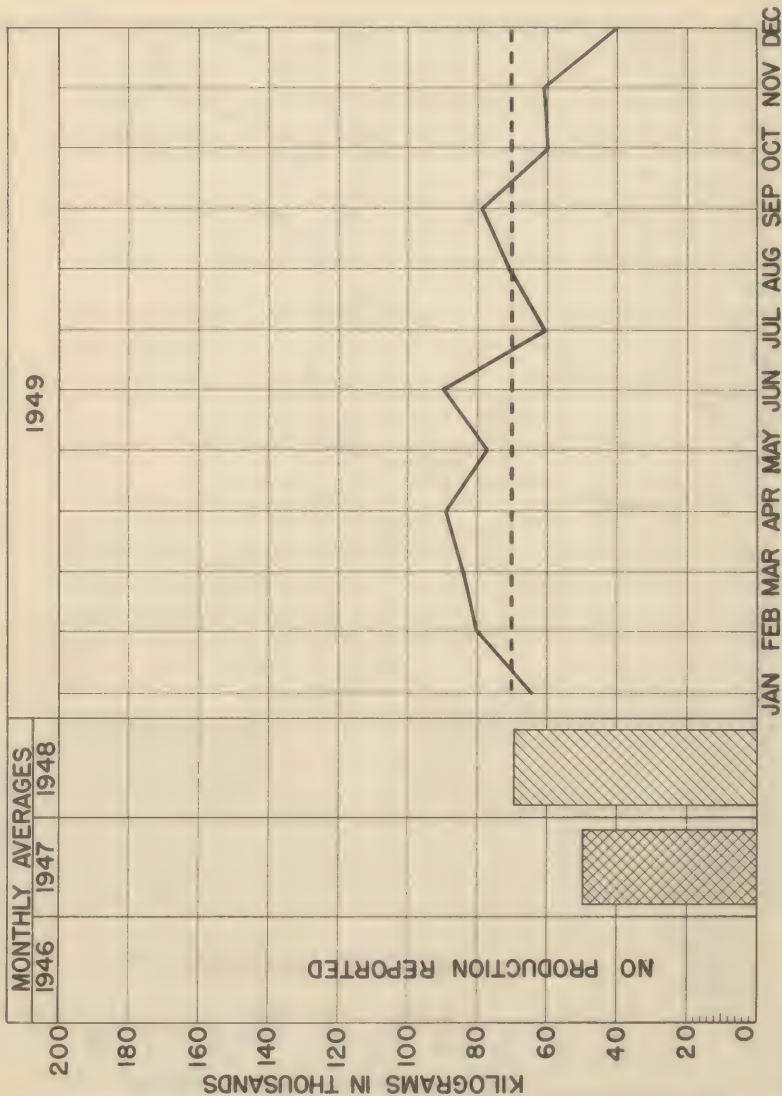




Chart 37

# PRODUCTION RUBBER SANITARY GOODS



Mission of the American Pharmaceutical Association

At the invitation of SCAP, a mission of five members of the American Pharmaceutical Association visited Japan during July for the purpose of reviewing and making recommendations on the education and organization of pharmacists, the manufacture, control, and distribution of pharmaceuticals, and the practice of pharmacy in general, in Japan. They met with representatives of SCAP, Civil Affairs, national and prefectural pharmaceutical associations, and national, prefectural, and local government officials. Their travels included visits to educational institutions, hospitals, clinics, pharmacies, and pharmaceutical manufacturing plants in Kyushu and Honshu.

The report of the mission indicates an appreciation of the problems confronting the occupation forces in the field of pharmaceutical affairs, and recognizes the accomplishments already made through the public health and welfare programs of SCAP. Recommendations were made in the report concerning pharmaceutical education, the relationship between the medical and pharmaceutical professions in their public health and social welfare practices, the organization and functions of pharmaceutical associations, the manufacture and distribution of drugs, and the practice of pharmacy in its various phases.

The report was made available to the Ministry of Welfare for reference and study and such implementation of its recommendations which may be desired. It was widely distributed in official Ministry of Welfare Japanese translation. Serious consideration is being given to the recommendations in governmental, professional, and educational circles.

National Pharmacist Examination

The first National Pharmacist Examination to be conducted, as provided in the Pharmaceutical Affairs Law (Law No. 197 of 1948) was held during the spring and summer of 1949 by the National Board of Pharmacy. In order to qualify for license to practice pharmacy, satisfactory grades are required in both the theoretical and the practical examinations. Only those who receive passing grades in the theoretical examination are eligible to take the practical examination. The law requires that at least one National Pharmacist Examination be conducted annually. Of 2,825 candidates taking the examination 2,276 passed. Of these successful candidates 1,315 are men and 961 are women.

|                         | <u>Number of</u><br><u>Applicants</u> | <u>Number</u><br><u>Examined</u> | <u>Number</u><br><u>Passing</u> |
|-------------------------|---------------------------------------|----------------------------------|---------------------------------|
| Theoretical examination | 2,861                                 | 2,825                            | 2,599                           |
| Practical examination   | 2,582                                 | 2,572                            | 2,276                           |

Pharmaceutical Education

The curriculum in pharmacy to be used in the new four-year course in colleges of pharmacy received considerable attention during 1949. The Pharmaceutical Education Committee of the Japanese Pharmaceutical

Association made recommendations to the University Chartering Committee, which were accepted with minor adjustments. The course of study is to provide for cultural courses and professional courses. The cultural courses are to total 62 units, and must include courses in the following subjects:

- Mathematics
- Physics with laboratory work
- Chemistry with laboratory work
- Biology with laboratory work

The professional courses are to total 66 units and are specified as follows:

- Chemistry
- Physiology and anatomy
- Biochemistry
- Pharmaceutical analysis
- Pharmacognosy and plant chemistry
- Pharmaceutical chemistry
- Hygienic chemistry and public health
- Pharmacy
- Pharmacology
- Pharmacy law

Further details of the curriculum are being studied by the Education Committee.

#### Japanese Pharmaceutical Association

The Japanese Pharmaceutical Association completed its first year of existence as a professional organization of pharmacists with constitution and by-laws based on democratic practices. Its membership is recorded as 16,000, which represents approximately 50% of the pharmacists actively engaged in pharmaceutical activities in Japan. It is estimated there is a total of 50,000 pharmacists, including those not engaged in pharmaceutical practices.

The officers of the Japanese Pharmaceutical Association, the Japanese Medical Association, and the Japanese Dental Association met periodically in joint session to discuss problems of mutual interest, with the object of cooperation in the interest of the medical care program for improved public health.

#### The Pharmaceutical Affairs Law

The Pharmaceutical Affairs Law (Law No. 197) was promulgated 29 July 1948. Certain articles in the Law concerning licensing of manufacturers and sellers, and labeling, provided for a six-month period of transition before they became fully effective. On 29 January 1949 the Law became fully effective in all provisions. Except for a few minor amendments, made necessary by extension of local autonomy to the prefectures and by standardization of nomenclature of official and quasi-official agencies, the Law as passed in 1948 governs activities

in pharmaceutical affairs.

#### Reorganization of the Pharmaceutical and Supply Bureau

The increased emphasis placed on economic considerations during 1949 required a reorganization of the Pharmaceutical and Supply Bureau of the Ministry of Welfare to strengthen the activities of the bureau concerned with economic affairs. Because of budgetary limitations, it was necessary to effect this reorganization without increase in the number of sections in the bureau, and without increase in personnel. Accordingly, the Enterprise Section was created to carry the economic functions, and the Medical Material Section was abolished. The functions of the Pharmaceutical Affairs Section were redesignated so that the economic affairs formerly carried by that section were to be handled by the new Enterprise Section, and the functions of the Medical Material Section were transferred to the Pharmaceutical Affairs Section. The reorganization became effective 25 October, and provided for the following sections:

- Enterprise Section
- Pharmaceutical Affairs Section
- Drug Manufacturing Section
- Inspection Section
- Biologics Section
- Narcotic Section

#### Training Courses

At the Institute of Public Health, refresher training courses for public health pharmacists and health center laboratory technicians continued in 1949, with 251 persons instructed in current developments in their respective fields. Such training at the Institute of Public Health is given to the maximum extent permitted by the size of its budget and staff.

#### Ministry of Welfare Budget

During 1949, two Japanese fiscal year budgets were studied and put into final form. The Japanese fiscal year starts 1 April and runs to 31 March of the following calendar year. The 1949/1950 fiscal year budget was not finalized until March of 1949. Work on the 1950/1951 fiscal year budget was started in August 1949, was put into final form for SCAP approval in November, and was introduced into the regular session of the Diet in December, although final passage cannot be expected before February or March 1950.

In appropriations for the Ministry of Welfare and the activities under its jurisdiction, progressively greater consideration has been given in 1949/1950 and in 1950/1951 fiscal year budgets than previously. These increases are noteworthy in such vital activities as the Health Center Program, and in the Tuberculosis Control Program in providing additional hospital beds for tubercular patients. The trend indicates an increasing awareness on the part of the Ministry of Finance of the value of public health and welfare programs to the national economy and well being.



A comparison of total appropriations for the Ministry of Welfare is of interest.

|            | <u>General Account</u> | <u>Public Works Account</u> |
|------------|------------------------|-----------------------------|
| FY 1948/49 | ¥21,521,715,000        | ¥ 708,931,000               |
| FY 1949/50 | 27,180,497,000         | 811,000,000                 |
| FY 1950/51 | 32,852,082,000         | 1,800,000,000               |

In the 1950/51 fiscal year budget an equalization principle is being incorporated, as recommended by the mission on tax reform which visited Japan in 1949 under the leadership of Dr. Carl Shoup of Columbia University. The special nature of the majority of public health and welfare programs makes complete adoption of the equalization principle at this time inadvisable. Some programs, including the preventive vaccination and infectious disease control programs, are, however, being incorporated in the equalization grant.

#### Termination of War Budget

Japanese nationals working for the occupation forces on procurement are employed by the Japanese Government for the occupation forces. Under Japanese law, employees are provided health insurance, pension insurance, and accident compensation benefits. Both employer and employee contribute toward the cost of these benefits. In addition, certain immunizations and physical examinations are required for those employees coming in close contact with occupation personnel. The Japanese Government, as employer, is required to provide funds in its budget to cover the costs of these services and benefits. For the 1949/50 Japanese fiscal year, ¥1,076,658,330 were included for these purposes in the Termination of War Budget of the Japanese Government. This is the budget which provides funds to cover the cost of the occupation to the Japanese Government. In the 1950/51 fiscal year ¥1,772,360,979 were budgeted. The increase is due to two major causes, a slight increase in the number of employees, and increase in social insurance costs due to amendment of the law.

## Chapter 12

### NARCOTICS

#### Control Activities

Experience acquired by narcotic agents and improved liaison and cooperation between enforcement agencies were responsible for an increase in the number of arrests and in the amounts of narcotics seized.

Illicit traffic was particularly concentrated in the Tokyo-Yokohama and Kobe-Osaka areas where large segments of the foreign national population are located.

A large proportion of the 5,586 addicts, concerning whom information is now available, were found in these areas. While the older addicts acquired their addiction from drugs diverted from legitimate channels before the war, the younger addicts, usually 25-30 years of age, have acquired their addiction through association with underworld elements in the above areas. These lawless elements begin the illicit use of narcotics by smoking heroin which is introduced into the end of a cigarette. This practice, which was unknown in Japan prior to World War II has been introduced by foreign nationals and others from the Asiatic continent.

Approximately 80% of foreign nationals arrested for narcotic violations have engaged in the smoking of heroin for years. The use of heroin in cigarettes invariably leads to complete addiction through the use of narcotics hypodermically. One smoker of opium, a foreign national, was apprehended, and only one opium eater, a foreign national merchant seaman, was apprehended.

The maintenance of a narcotic habit in Japan at a minimum costs the addict from ¥ 60,000 to ¥ 100,000 per month. At the beginning of the year, 0.01 gram of heroin cost ¥ 500, while at the end of the year the same price was being paid for 0.001 gram which in many instances was adulterated from 40-90%. During the same period, street sales in black market areas were practically eliminated, being replaced with the more furtive method of bargaining and delivery at a hideout.

#### Violations and Convictions

Proof was obtained that heroin was smuggled into Japan from the Asiatic continent in amounts large enough to supply the entire illicit market. Several consignments of such contraband were intercepted and the smugglers were arrested. In addition, several clandestine laboratories, in which semi-processed narcotics were being converted to heroin, and many cutting plants, in which the heroin was adulterated with other drugs, were seized.

Occupation courts imposed severe penalties, including deportation in some instances, on foreign nationals convicted of violating the narcotic laws and drastically reduced the number of suspended sentences.

Japanese courts began to take a serious view of narcotic violations and increased the severity of sentences although suspended sentences were given in approximately 25% of the cases.

After the appointment of special procurators to prosecute narcotic cases in November, many convictions resulting in suspended sentences were appealed by the government to the higher courts. At the end of the year, the procurators' demands were being upheld in the higher courts.

Thefts and burglaries of narcotic stock, of which there were 293, supplied a portion of the illicit traffic. Those registrants who lost narcotics through their own negligence were deprived of their narcotic license. In order to reduce the number of thefts, minimum requirements for security were established. These requirements must be met before a license is granted and, in the case of wholesalers, a public need must be demonstrated.

Stocks of narcotics concealed since the end of the war also constituted a source of supply. One seizure of 84.592 kilograms of opium, pillaged from government stock at the end of the war was made following successful negotiations for two kilograms by a narcotic agent.

Among twenty illicit cultivators of the opium poppy, four were charged with wilfully violating the law. One defendant was sentenced to eighteen months penal servitude, one to ten months and one to six months. One case is pending. Sixty-nine illicit cultivators of taima (marihuana) were arrested. The defendants were not licensed to cultivate the plant for fiber purposes.

Inspections were made of 12,840 registrants and 2,995 investigations were originated. Violators totalling 2,152 were arrested and are classified as follows:

| <u>Classification</u> | <u>Registrants</u> | <u>Non-registrants</u> |
|-----------------------|--------------------|------------------------|
| Doctors               | 299                | 31                     |
| Dentists              | 14                 | 8                      |
| Pharmacists           | 20                 | 45                     |
| Veterinary surgeons   | 15                 | 9                      |
| Others                | 0                  | 1,711                  |

Included in the above are 331 Chinese and 131 Koreans.

Convictions totalling 748 are classified as follows:

|                            |     |
|----------------------------|-----|
| Illicit production         | 5   |
| Illicit possession         | 353 |
| Illicit sale               | 290 |
| Cultivation of poppy       | 4   |
| Theft of narcotics         | 9   |
| Forging narcotic documents | 4   |
| Others                     | 83  |



Among the above persons are 113 registrants. The totals also include 147 Chinese and 40 Koreans.

### Conclusion

During 1950 continued emphasis will be placed on the necessity for severe sentences as an effective means to eliminate illicit narcotic trafficking as recommended to all nations by the United Nations Commission on Narcotic Drugs to whom reports are forwarded and with whom liaison is maintained through the United States Commissioner of Narcotics. The experience and training acquired by narcotic agents will be utilized to determine original sources of supply. These agents and other enforcement agencies with whom liaison was maintained during 1949 have become an effective force in combating illicit narcotic traffic, and will be more effective when a bill presently pending in the Diet designates narcotic agents as national government officials under the sole direction of the Minister of Welfare.



moore

THE UNITED STATES DEPARTMENT OF THE INTERIOR

Geological Survey  
Washington, D. C.  
February 1, 1907

Memorandum

Subject: The proposed extension of the  
Geological Survey to the Territory of Alaska.  
The proposed extension of the Geological Survey to the Territory of Alaska is a subject of great importance to the Government. It is a subject which has been discussed for many years, and it is one which has been the subject of much controversy. The proposed extension of the Survey to Alaska is a subject which has been discussed for many years, and it is one which has been the subject of much controversy. The proposed extension of the Survey to Alaska is a subject which has been discussed for many years, and it is one which has been the subject of much controversy.

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Geological Survey

|                      |    |
|----------------------|----|
| Alaska               | 1  |
| Arizona              | 2  |
| California           | 3  |
| Colorado             | 4  |
| Connecticut          | 5  |
| Delaware             | 6  |
| District of Columbia | 7  |
| Florida              | 8  |
| Georgia              | 9  |
| Idaho                | 10 |
| Illinois             | 11 |
| Indiana              | 12 |
| Iowa                 | 13 |
| Kansas               | 14 |
| Kentucky             | 15 |
| Louisiana            | 16 |
| Maine                | 17 |
| Maryland             | 18 |
| Massachusetts        | 19 |
| Michigan             | 20 |
| Minnesota            | 21 |
| Mississippi          | 22 |
| Missouri             | 23 |
| Montana              | 24 |
| Nebraska             | 25 |
| Nevada               | 26 |
| New Hampshire        | 27 |
| New Jersey           | 28 |
| New Mexico           | 29 |
| New York             | 30 |
| North Carolina       | 31 |
| North Dakota         | 32 |
| Ohio                 | 33 |
| Oklahoma             | 34 |
| Oregon               | 35 |
| Pennsylvania         | 36 |
| Rhode Island         | 37 |
| South Carolina       | 38 |
| South Dakota         | 39 |
| Tennessee            | 40 |
| Texas                | 41 |
| Vermont              | 42 |
| Virginia             | 43 |
| Washington           | 44 |
| West Virginia        | 45 |
| Wisconsin            | 46 |
| Wyoming              | 47 |

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|                      |    |
|----------------------|----|
| Alaska               | 1  |
| Arizona              | 2  |
| California           | 3  |
| Colorado             | 4  |
| Connecticut          | 5  |
| Delaware             | 6  |
| District of Columbia | 7  |
| Florida              | 8  |
| Georgia              | 9  |
| Idaho                | 10 |
| Illinois             | 11 |
| Indiana              | 12 |
| Iowa                 | 13 |
| Kansas               | 14 |
| Kentucky             | 15 |
| Louisiana            | 16 |
| Maine                | 17 |
| Maryland             | 18 |
| Massachusetts        | 19 |
| Michigan             | 20 |
| Minnesota            | 21 |
| Mississippi          | 22 |
| Missouri             | 23 |
| Montana              | 24 |
| Nebraska             | 25 |
| Nevada               | 26 |
| New Hampshire        | 27 |
| New Jersey           | 28 |
| New Mexico           | 29 |
| New York             | 30 |
| North Carolina       | 31 |
| North Dakota         | 32 |
| Ohio                 | 33 |
| Oklahoma             | 34 |
| Oregon               | 35 |
| Pennsylvania         | 36 |
| Rhode Island         | 37 |
| South Carolina       | 38 |
| South Dakota         | 39 |
| Tennessee            | 40 |
| Texas                | 41 |
| Vermont              | 42 |
| Virginia             | 43 |
| Washington           | 44 |
| West Virginia        | 45 |
| Wisconsin            | 46 |
| Wyoming              | 47 |

